



Request to Change Dissertation Title

STUDENT'S NAME _____ I.D. NO. _____

EMAIL _____

PROGRAMME: _____

(Please indicate the appropriate Masters programme)

Title of Dissertation:

New Title of Dissertation:

Reason for Change:

Signature of Student

Signature of Supervisor

Date

For Office Use

Change in Title:

☐ Approved

☐ Rejected

Received by: _____

Date: _____