

Request to Change Final Year Project Title (Undergraduate Students)

Name & Surname			
I.D.Card Number			
Course			
Current Title of Final Year Project:			
Proposed New Title of Final Year Project:			
Reason for Change:			
Student's Signature		Date	
Supervisors' Recomme	endation:		
Approved _		Not Approved	
Name of Principal Suprervisor		Date	
Signature of Principal Supervisor			

^{*}This form is to be submitted to the relevant secretary of the Board of Studies.