



Request to Change Final Year Project Title

(Masters Students)

Name & Surname	
I.D. Card Number	
Course	

Current Title of Dissertation:

Proposed New Title of Dissertation:

Reason for change:	
Student's Signature	Date

Supervisors' Recommendation:	
Approved ☐	Not Approved ☐
Name of Principal Supervisor	Date
Signature of Principal Supervisor	

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