L-Università ta' Malta
Faculty of Medicine & Surgery

CHANGE IN TITLE FOR DISSERTATION

Student's Name _____ I.D. No. _____

Email_____

Programme: _____

(Please indicate the appropriate Masters by Research programme)

Original Title of Dissertation:

_____

_____

New Proposed Title of Dissertation:

_____

_____

Reason for Change:

_____

_____

_____

Comments as to how this change warrants any updates on the proposal submitted:

_____

_____

_____

_____ _____ _____

Signature of Student Signature of Supervisor Date

For Office Use:

Change in Title:

☐ Approved ☐ Rejected

Received by: _____ Date: _____