



Student's Details

Name (block capitals)	Course Group	Signature
-----------------------	--------------	-----------

Current Title of Dissertation

New Proposed Title of Dissertation

Student to give detailed reasons for requesting a change in title

Comments by Supervisor

Supervisor's Name (block capitals)	Signature

FOR OFFICIAL USE

Your request: has been accepted has been rejected

Approved title and any other additional comments, if any:

Date

--

Dissertation Committee Chairman (Signature)

--