CHANGE OF THESIS TITLE FORM

Programme:

Intake:

Current Thesis Title	New Thesis Title

Please state reason(s) for the change:

Requestor:

Signature

Name

Date ☐☐ — ☐☐ — ☐☐☐☐

Supervisor's Approval:

Signature

Name

Date ☐☐ — ☐☐ — ☐☐☐☐

University Research Degrees Committee's Approval:

Signature

Name

Date ☐☐ — ☐☐ — ☐☐☐☐