



**REQUEST FORM FOR A MINOR
CHANGE IN DISSERTATION TITLE**

Student's Details:			
	COURSE	NAME IN BLOCK CAPITALS	SIGNATURE
Student			

Current Title of Dissertation:

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New Proposed Title of Dissertation:

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Student to give detailed reasons for requesting a change in title:

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Comments by Supervisor:

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Supervisor's Details:		
	NAME IN BLOCK CAPITALS	SIGNATURES
Supervisor		

FOR OFFICIAL USE

Your request: has been accepted has been rejected

Approved Title and any other additional comments, if any:

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Faculty Board Date:

Day	Month	Year
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Faculty Officer (Signature)

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