



THESIS TITLE CHANGE FORM

Please ensure all sections are completed. The Committee will not accept any incomplete.

Electronic signatures are permitted.

PART 1: TO BE COMPLETED BY THE STUDENT

Personal details	
Name	
Student ID	
Programme	
Current Semester	
Telephone number	
Student email	

Thesis title details	
Current title	
Proposed title	

Please tick and provide the necessary notification (attach the explanation changes, where applicable)

- | | |
|--------------------------|--------------------------------|
| <input type="checkbox"/> | Change of research problem |
| <input type="checkbox"/> | Change of research questions |
| <input type="checkbox"/> | Change of research objectives |
| <input type="checkbox"/> | Change of research methodology |
| <input type="checkbox"/> | Change of research plan |

Declaration

I confirm that the information provided is a true and accurate account of my circumstances and has been discussed with my Supervisor

Signature	Date

PART 2: TO BE COMPLETED BY MAIN SUPERVISOR**Declaration**

I confirm that the information provided is a true and accurate account of my circumstances and has been discussed

Signature & Official Stamp

Date

PART 3: TO BE COMPLETED BY HEAD OF SCHOOL

Signature & Official Stamp

Date

PART 4: TO BE COMPLETED BY LEARNING MANAGEMENT SECTION

Start date

End date

Year of study

Mode of study

Previous approved suspensions / extensions

Name of Main Supervisor

Signature & Official Stamp

Date

PART 5: DECISION BY THE GRADUATE COMMITTEE**Decision (delete as appropriate)**

Approved / Not approved

Additional information / comments relevant to the decision

Signature & Official Stamp

Date