

REQUEST FOR CHANGE IN DOCTORAL DISSERTATION TITLE
(Please Type)

Candidate's Name: _____ Student ID#: _____

School: _____ Department / Program: _____ Degree Sought: _____

The above candidate is requesting that the following change be made to his/her doctoral dissertation title, which was originally approved by the University on _____ (specify date):

Original Title:

Revised Title:

Reason for Change:

N.B. This is a request for change in doctoral dissertation title only. This does not constitute a request for change in doctoral dissertation topic or doctoral dissertation research as originally proposed and approved by the university.

Proposed by:

Degree Candidate Date

Endorsed by:

Major Professor Date

Chair/Director of Department/Program Date
(if applicable)

Dean of School Date

Approved by:

Vice Provost and Dean of Graduate Studies Date