REQUEST FOR CHANGE IN DOCTORAL DISSERTATION TITLE (Please Type)

Candidate's Name:		Student ID#:	
School:	Department / Progr	ram:	Degree Sought:
	on(sp		
Original Title:			
Revised Title:			
Reason for Change:			
N.B. This is a request for change in a doctoral dissertation topic or do Proposed by:		s originally proposed and approved l	
Endorsed by:		Degree Candidate	Date
		Major Professor	Date
Chair/Director of Department/Progra (if applicable)	m Date	Dean of School	Date
Approved by:			
		Vice Provost and Dean of	Graduate Studies Date