



*Request for Thesis Title Change by Final Examination Committee*

Student's Name: ( Mr/ Miss /Mrs ).....Last Name.....

Student's ID No: ..... Major Field: .....Major Code: .....

Final examination date .....

Previous Title (English): .....

.....  
.....  
.....

New Title (English): .....

.....  
.....  
.....

Signature: .....Chairperson

Signature: .....Major Advisor/ Committee member

Signature: .....Minor Advisor/ Committee member

Signature: .....Advisor/ Committee member

Signature: .....The Graduate School Representative/ External Examiner

**For Student:** Please submit this application to the Graduate School, **within 2 weeks** from the final examination date.