



Application for the Change of Project Title

Notes for Applicants:

1. The change of project title has to be **approved** by the Associate Director of IGDS Studies prior to the final submission of the dissertation.
2. The dissertation may **not** be accepted by the IGDS/IMDS Administration Unit and unnecessary delay may be caused if the project title has been changed without approval.
3. Your case will not be processed until this application form is completed and returned with endorsement of your academic or/and second examiner.

Personal Particulars

Name of Applicant : (in BLOCK LETTERS, Surname first) *Mr./Mrs./Ms./Miss	Telephone No. Office : Home : Pager : Mobile Phone : Fax : Email Address:
Course Title : *IGDS / IMDS	Year of Registration :
Present Project Title :	
Newly Proposed Project Title :	
Reasons for Change :	
Newly Approved Title : (For Office Use)	

*Please delete if inappropriate

Signature of Applicant : _____ Date : _____

Endorsed by Academic Supervisor : _____ Date : _____

Approved by Associate Director of IGDS Studies : _____ Date : _____

(For IGDS Full-time Project Student)