



REQUEST FOR CHANGING THESIS TITLE

Academic Support Division

Date Receipt.....

Time.....

Receiver.....

①

Semester ..... Academic Year .....

Student Name (Mr./Ms./Mrs.).....

Program of study.....

E-mail .....

Number of Thesis Credits ..... Credits

Date of approval of the thesis title (D/M/Y) ..... (Refer to T01)

Previously approved thesis title (in English) (Use Capital Letters Only)

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Request to change thesis title as follows;

Proposed thesis title (in English) (Use Capital Letters Only)

.....  
.....

Reason to change thesis title

.....  
.....

Student's Signature.....

( ..... )

Date...../...../.....

② Thesis Advisor's Approval

☐ Approved ☐ Not Approved

.....  
.....

Signature .....

( ..... )

Date...../...../.....

③ Program Director's Approval

☐ Approved ☐ Not Approved

.....  
.....

Signature .....

( ..... )

Date...../...../.....