



Noting of Research Proposal Title Change by the Higher Degrees Committee

Faculty			
Department			
Qualification for which registered			
Offering type	Full time registration	Part time registration	
Prior qualification			

Student Surname			Student No.	
First Names			Title (Mr, Ms)	
Postal Address				
Tel (W)	Tel (H)	Cell	Fax	e-Mail

Current Title of Dissertation/Thesis		Full	
		Partial	
		Dissertation/Thesis	
Proposed Change of Title of Dissertation/ Thesis			
Motivation for Change of Title			

Supervisor		Signed: _____ Date: _____
Co-Supervisor		Signed: _____ Date: _____

Date research proposal title change approved by DRC	
Signature of Chairperson DRC	

Date research proposal title change approved by FRC	
Signature of Chairperson FRC	

Date research proposal title change noted by HDC	
Signature of Chairperson HDC	

Routing	Student		Supervisor		FRC		HDC	
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