

UNIVERSITY OF MALTA
FACULTY OF INFORMATION AND COMMUNICATION TECHNOLOGY

Request to Change Dissertation Title
(Masters Students)

Name & Surname	
I.D. Card Number	
Course	

Current Title of Dissertation:

Proposed New Title of Dissertation:

Reason for change:	
Student's Signature	Date

Supervisors' Recommendation:	
Approved <input type="checkbox"/> Not Approved <input type="checkbox"/>	
Name of Principal Supervisor	Date
Signature of Principal Supervisor	

**This form is to be submitted to the relevant secretary of the Board of Studies.*