



DEPARTMENT OF TOURISM MANAGEMENT

CHANGE IN TITLE FOR DISSERTATION

(To be sent in by not later than 3 weeks before the stipulated deadline)

STUDENT'S NAME _____ I.D. NO. _____

EMAIL _____

PROGRAMME: _____

(Please indicate the appropriate Masters programme)

Title of Dissertation:

New Title of Dissertation:

Reason for Change:

Signature of Student

Signature of Supervisor

Date

For Office Use:

Change in Title:

Approved Rejected

Received by: _____ Date: _____