# UNIVERSITY OF MALTA
FACULTY OF INFORMATION AND COMMUNICATION TECHNOLOGY

## Request to Change Final Year Project Title
### (Undergraduate Students)

| | |
|---|---|
| **Name & Surname** | |
| **I.D. Card Number** | |
| **Course** | |

**Current Title of Final Year Project:**

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**Proposed New Title of Final Year Project:**

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**Reason for change:**

| | |
|---|---|
| | |
| **Student's Signature** | **Date** |

**Supervisors' Recommendation:**

| | |
|---|---|
| **Approved** ☐ | **Not Approved** ☐ |
| | |
| **Name of Principal Supervisor** | **Date** |
| | |
| **Signature of Principal Supervisor** | |

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