COMPUTATIONAL CHEMISTRY PROJECT 2 PHR 3220

Application for Change in Project Title

Date:	
Name of Student:	Year:
Original Project Title	
Reasons for Title Change:	
New Proposed Title:	
Protocol:	

Materials/Equipment Required:		
Project Supervisor	Signature of Project Supervisor	
. Toject Supervisor	orginature of troject supervisor	
Signature Head		
Department of Pharmacy		