

**FACULTY OF HEALTH SCIENCES**

**CHANGE IN TITLE FORM**

Instructions:

* Please complete electronically and submit to FPGSC Secretariat

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| **STUDENT DETAILS** |
| Student Surname and Initials: |  |
| Student Number: |  |
| Qualification:  |  |
| FPGSC/REC-H approved Title of Study: |  |
| Proposed New Title of Study: |  |
| Reason/Motivation for the changing the title of the study: |  |
| Details Methodology changes related to the proposed title change  |  |
| Is this a Treatise [ ]  Dissertation [ ]  Thesis [ ]  |

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| **DETAILS OF SUPERVISOR** |
| Surname, Initials and Title: |  |
| Department: |  |
| Telephone Number(s): |  |
| E-mail Address: |  |

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| **DETAILS OF CO-SUPERVISOR 1** |
| Surname, Initials and Title: |  |
| Department: |  |
| Telephone Number(s): |  |
| E-mail Address: |  |

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| **DETAILS OF CO-SUPERVISOR 2** |
| Surname, Initials and Title: |  |
| Department: |  |
| Telephone Number(s): |  |
| E-mail Address: |  |

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| **DETAILS OF CO-SUPERVISOR 3** |
| Surname, Initials and Title: |  |
| Department: |  |
| Telephone Number(s): |  |
| E-mail Address: |  |

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| **SIGNATURES:** |

**SUPERVISOR CO-SUPERVISOR**

Name & Surname: Name & Surname:

Date: Date:

Signature: ……..…………………………… Signature: …..…………………………………….

**HEAD OF DEPARTMENT**

Name & Surname:

Date:

Signature: ………….……………………………

**FPGSC CHAIR FPGSC RESOLUTION NUMBER:**

Name & Surname:

Date: …………………………………………….

Signature: ….…………………………………..