

# TITLE CHANGE FOR CULMINATING EXPERIENCE

For project revisions other than title change, please submit a new Culminating Experience Proposal.

STUDENT: COMPLETE OFFICIAL DEGREE TITLE FROM *BULLETIN*

Master of \_\_\_\_\_ Major \_\_\_\_\_

Concentration or Emphasis (if applicable) \_\_\_\_\_

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Address: \_\_\_\_\_ Phone(s): \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_

**PREVIOUS TITLE:**

\_\_\_\_\_

**NEW TITLE:**

(Note: Titles are limited to twelve (12) words. Any changes must be reported to Graduate Studies in advance of filing completed work)

\_\_\_\_\_

\_\_\_\_\_  
Signature of student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Committee Chair

\_\_\_\_\_  
Date

\_\_\_\_\_  
Type Name and Title of Committee Chair

\_\_\_\_\_  
E-mail required

\_\_\_\_\_  
Accepted by Division of Graduate Studies

\_\_\_\_\_  
Date