

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