



INDIAN INSTITUTE OF TECHNOLOGY BOMBAY
DEPARTMENT OF

FORM FOR CHANGE OF THESIS TITLE

Date : _____

(This form is to be filled only if the thesis title requires change, after the Pre-synopsis is completed)

NAME:	ROLL NO:
PROGRAMME:	CATEGORY :
DATE OF JOINING:	DATE OF PRE-SYNOPSIS :
NAME OF SUPERVISOR:	NAME OF CO-SUPERVISOR(s) :
Prof. _____	1. Prof. _____
	2. Prof. _____

NAME OF EXTERNAL SUPERVISOR (If applicable):
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CURRENT TITLE : _____

PROPOSED TITLE : _____

REASON / JUSTIFICATION: _____

Student's (Signature with Date)

RECOMMENDATION OF SUPERVISOR(s)/RPC MEMBER(s) : _____

Supervisor(s)
(Signature with Date)

Co-Supervisor(s)
(Signature with Date)

Co-Supervisor(s)
(Signature with Date)

RPC Member 1
(Signature with Date)

RPC Member 2
(Signature with Date)
(at least 1 RPC member's signature is required)

RPC Member 3
(Signature with Date)

RECOMMENDATION OF DPGC/IDPC : _____

Convener, DPGC/IDPC/PGC
Signature (with Date & Stamp)

===== FOR ACADEMIC OFFICE USE ONLY =====
REMARKS, IF ANY :

Signature of OS/AR
Date : ____ / ____ / ____

REMARKS OF APPROVING AUTHORITY :