



FORM FOR REPORTING CHANGES OF
THESIS/DISSERTATION TITLE AND COMMITTEE

Date:

Student ID Number:

Student's Name:

Check One: Master's
 Doctorate

Major:

Expected Graduation Date: _____

Delete Title/Committee:

Add Title/Committee:

Required:

Signature of Graduate Advisor

After obtaining the required graduate advisor signature as noted above, this form must be submitted to the Graduate School, Holden Hall 02. Submissions will also be accepted by mail to: TTU Graduate School; PO Box 41030; Lubbock, TX 79409-1033. Please address to the appropriate attention as follows:

For Doctoral, Attn: Lora Lopez
For Master's, Attn: Lora Lopez