SAMPLE DISSERTATION TITLE CHANGE FORM

Name: ________________________________ BGSU ID: __________________________

Field of Study: ________________________ Planned Graduation Date: ________

Dissertation Title Change Request:

Old Title: ________________________________________________________________

New Title: ________________________________________________________________

IRB / IACUC Changes (if applicable):

Are there significant changes to the use of human subjects? ☐ Yes ☐ No
(If yes, new approval by the BGSU IRB is required prior to beginning research)

IRB Project ID#: _______________________ Date of New IRB Approval: __________

Are there significant changes to the use of non-human vertebrate animals? ☐ Yes ☐ No
(If yes, new approval by the BGSU IACUC is required prior to beginning research)

IACUC Project ID#: ___________________ Date of New IACUC Approval: __________

Committee Chair Approval: COMMITTEE CHAIR SIGNATURE HERE

The signature of the Committee Chair indicates approval of the above change with consideration of the IRB / IACUC implications.

Graduate Coordinator Approval: GRAD COORDINATOR SIGNATURE HERE

The signature of the graduate program coordinator indicates that appropriate policies and procedures have been followed.

Graduate College Approval: GRADUATE COLLEGE SIGNATURE HERE

The approval of the Graduate College indicates that the new title has been approved as listed above. Any future changes to the title or committee must be approved by the Graduate College.