



**BOWLING GREEN STATE UNIVERSITY**  
Graduate College

**SAMPLE DISSERTATION TITLE CHANGE FORM**

Name: STUDENT NAME HERE

BGSU ID: 1234567890

Field of Study: FIELD OF STUDY HERE

Planned Graduation Date: 05/04/2018

**Dissertation Title Change Request:**

Old Title: OLD TITLE HERE OLD TITLE HERE OLD TITLE HERE OLD TITLE HERE

New Title: NEW TITLE HERE NEW TITLE HERE NEW TITLE HERE NEW TITLE HERE

**IRB / IACUC Changes (if applicable):**

SAMPLE

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#: 123456-1

Date of New IRB Approval: 10/30/2017

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#: 123456-1

Date of New IACUC Approval: 10/30/2017

DO NOT USE

**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.*

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