APPLICATION FOR CHANGE OF TITLE OF THESIS FOR PH.D. (ARTS) DEGREE UNDER OLD REGULATION

To

The Dean,

Faculty Council of Arts,

Jadavpur University.

Respected Sir/ Madam,

I …………………………………………………………………………………………, a Ph.D. Scholar of the Department of ……………………………………………………….…registered on ……………………………………… would like to apply for change of thesis title. I seek permission to change my thesis title from………………………………………………………………………………………………………………………………………………………………………………………………………………………………to…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………... I have paid registration fee in full (copies of receipt of which are attached herewith) and submitted all bi-annual progress reports till date.

I request you to kindly grant me the extension.

Name of the Candidate : …………………………………………………………..……………....

Address for Communication:……………………………………………………………………...

…………………………………………………………………………………………………………………..

…………………………………………………………………………………………………………………..

Mobile No. …………………………………………………………………………………………….…..

With Regards,

Yours sincerely,

Dated: …………………………………

…………………………………………………

(Full Signature of the Candidate)

Recommendation/opinion of the supervisor(s)

Signature(S)

-----------------------------------------------------------------For Office Use Only------------------------------------------------------

Feedback from Ph.D. Cell (Arts)

Registration fee is paid in full : Yes No

All progress reports submitted : Yes No No of reports due:

Signature

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Comments by Dean/Secy.(F.C.A):

Direction by Dean(F.C.A) :

APPLICATION FOR CHANGE OF THESIS TITLE FOR PH.D. (ARTS) DEGREE UNDER NEW REGULATION

To

The Dean/Secretary,

Faculty Council of Arts,

Jadavpur University.

(Through the H.o.D, Department of ………………………………………………)

Respected Sir/ Madam,

I …………………………………………………………………………………………, a Ph.D. Scholar of the Department of ……………………………………………………….…registered on ……………………………………… would like to apply for change of thesis title. I seek permission to change my thesis title from………………………………………………………………………………………………………………………………………………………………………………………………………………………………to…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………... I have paid registration fee in full (copies of receipt of which are attached herewith) and submitted all bi-annual progress reports till date.

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Mobile No. …………………………………………………………………………………………….…..

With Regards,

Yours sincerely,

Dated: …………………………………

…………………………………………………

(Full Signature of the Candidate)

Recommendation/opinion of the H.O.D & the supervisor(s):

Signature(S)

Recommendation/Opinion of the Departmental Research Committee:

Date of Departmental Research Committee meeting:

Signature(S)

-----------------------------------------------------------------For Office Use Only------------------------------------------------------

Feedback from Ph.D. Cell (Arts)

Registration fee is paid in full : Yes No

All progress reports submitted : Yes No No of reports due:

Signature

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Comments by Dean/Secy.(F.C.A):

Direction by Dean(F.C.A)if any :