Notification of Change of Master’s Thesis Title, 20

Date:

(Day/Month/Year)

To: Dean of the Graduate School of Political Science, Waseda University

 Course:

　　　　　　　　　　　　　　　　　Research Field:

 Student Number:

 Student Name:

I will change the title of my Master’s Thesis as follows.

|  |  |
| --- | --- |
| New Title |  |
| Old Title |  |

 Main Advisor Sign