**CHANGE OF EC-ISM TITLE/TOPIC**

**Deadline: Mon, 26 Oct 2020 by 5pm (Week 11)**

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| **PART I – TO BE COMPLETED BY EC-ISM STUDENT** | | | | | | | | |
| **Name:** |  | | **Matric:** | | |  | | |
| **Phone:** | (Mobile) (Home) | | **Email:** | | |  | | |
| EC-ISM Title/Topic in the **Original** Proposal: | |  | | | | | | |
| EC-ISM Title/Topic in the **Revised** Proposal: | |  | | | | | | |
| **Reasons for Change**  of EC-ISM Title/Topic: | |  | | | | | | |
| Signature of EC-ISM Student: | |  | |  | Date: | |  |  |
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| PART II – TO BE COMPLETED BY EC-ISM SUPERVISOR | | | | | | | | |
| Outcome: | | Supported | | | Not Supported | | | |
| **Reasons/Comments, if any:** | | | | | | | | |
|  |  | |  |  | |  |  |  |
|  | Name of EC-ISM Supervisor | |  | Signature of EC-ISM Supervisor | |  | Date |  |
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| PART III – TO BE COMPLETED BY EC-ISM COORDINATOR | | | | | | | | |
| Outcome: | | Approved | | | Not Approved | | | |
| **Reasons/Comments, if any:** | | | | | | | | |
|  |  | |  |  | |  |  |  |
|  | Name of EC-ISM Coordinator | |  | Signature of EC-ISM Coordinator | |  | Date |  |
|  |  | |  |  | |  |  |  |