**Title Change Form**

Date：yyyy/mm/dd

To the Dean of Graduate Institute for Advanced Studies / the Dean of the School

/ the President of The Graduate University for Advanced Studies, SOKENDAI,

Chief Referee

[Name in Full] (Seal or Signature)

Applicant

[Name in Full]

This is to notify that my doctoral thesis title is changed as below, in accordance with the instruction from the Thesis Screening Committee.

[Before]

[After]