****

**CHANGE IN TITLE OF PROFESSORSHIP / FULL PROFESSORSHIP**

Note: Proposed change in title must be approved in principle by the appropriate Head(s) of School

and College Principal(s)

|  |  |
| --- | --- |
| **School** |  |
| **Name** |  |
| **Proposed Change in Title of Professorship / Full Professorship** | |
| **Current Title** |  |
| **Rationale for change of title** |  |
| **New Title** |  |
| **Date and Signature of Head of School** |  |
| **Date and Signature of College Principal** |  |
| **Date of recommendation by College Review Group** |  |