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**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)

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| **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** |  |