

FINAL-YEAR PROJECT SELECTION FORM

Please fill-in the information below and return to your department
by the deadline set by the FYP Coordinator

Students:

Name	ID number	Major	Signature

Supervisor:

Date: _____ Name: _____ Signature: _____

Co-Supervisor:

Date: _____ Name: _____ Signature: _____

Final Year Project:

Title: _____

DO NOT FILL BELOW THIS LINE

Assigned group number: _____ FYP Coordinator Signature: _____ Date: _____