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| utm-logo | **RAZAK FACULTY OF TECHNOLOGY AND INFORMATICS**  **MASTER’S PROJECT** |

# Master Project Presentation Consent Form

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| Student’s Name |  | | | |
| Matric No. |  | | | |
| Project Title |  | | | |
| Program/Course code |  | | | |
| Supervisor’s consent Please tick one (√) | Approve | Disapprove | | |
| Comment (if any) |  | | | |
| Supervisor’s Signature |  | | Date |  |
| Supervisor’s Name/s |  | | | |
|  | | | |

Please submit this form by week 10 to Level 7 – Academic office