**PROPOSAL BY STUDENT *RF-MP-I/20192020***

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| **PROGRAMME NAME AND COURSE CODE** |  |
| **SEMESTER (circle one): 1 / 2 SESSION:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PROGRAM TYPE (circle one): Full / Part time** | |
|  | |
| **NAME : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **MATRIC NO :­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **I/C / PASSPORT NO : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **EMAIL : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **CONTACT NO. :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |

**TITLE** : \_\_\_\_\_\_\_\_\_\_\_\_

**PROJECT SUMMARY (problems and scope)**:

**OBJECTIVES of study**:

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| **Proposal reviewed by Supervisor (name):**  **Date:**  **Signature:** | **Approved by Project Coordinator**  **Name & signature:**  **Date:** |
| **Reviewer’s comment:** | |