**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:** |