**PROPOSAL BY STUDENT *RF-MP-I/2020***

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

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

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

**OBJECTIVES of study**:

**Proposed Supervisor (if any**):

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