**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:** | |