



**Master Project Presentation Consent Form *RF-MP-CF/2020***

Student's Name			
Matric No.			
Project Title			
Program/Course code			
Supervisor's consent Please tick one (√)	<input type="checkbox"/> Approve	<input type="checkbox"/> Disapprove	
Comment (if any)			
Supervisor's Signature		Date	
Supervisor's Name/s			

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