



CD VALIDATION & SUBMISSION *RF-MP2-CD/2020*

PROGRAM NAME COURSE CODE

SEM: /SESSION:

PROJECT TITLE : _____

I (student name/ID), _____

I (supervisor), _____

declare that the softcopy version of my
project report is according to the format.

verify that the softcopy version the project
report is according to the format.

Signature of the student

Signature of the supervisor

Name : _____

Name : _____

Contact No: _____

Date : _____

Date : _____

Note: this form must be submitted to RS office together with one (1) copy of the CD.

OFFICIAL USE: (RAZAK FACULTY PERSON IN CHARGE IS TO SIGN UPON RECEIVING THE CDs).

NAME : _____

SIGNATURE:

DATE : _____