DSA Project: Group Assessment

Project Title:

Team Name:

Section:

Members:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *No* | *Matric* | *Name* | *Comment* | *Grade* |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |

* Fill up the form except Comment and Grade.
* Attach the printed version of project report with this and submit before presentation.