CSC/UGP01

KADUNA STATE UNIVERSITY
DEPARTMENT OF INFORMATICS

UNDERGRADUATE PROJECT PROPOSAL APPROVAL FORM
2024/2025 ACADEMIC SESSION

(All undergraduate final year students that register CSC400 must fill and submit this form)

Student Name: ……………………….………………**Matric No**………………………………......

Project Title

Please briefly describe the proposed project. Highlight the primary problem to be addressed, key requirements needed in a solution, and any significant constraints.

Expected Results

Technologies Required (*Include the programming language you intend to use for software development)*

Programming Skills

(Indicate your level of skill for the chosen programming language by ticking the appropriate box)
1-Beginner   2- Average   3-Good   4-Excellent

_____   _____   _____
Name of Supervisor   **Signature**   **Date**