**Project ID :**

1. Topic (12 words max)
2. Research group the project belongs to

**Select Research Cluster**

1. Specialization of the project belongs to

**Select Specialization**

1. If a continuation of a previous project:

|  |  |
| --- | --- |
| Project ID |  |
| Year |  |

1. Brief description of the research problem including references (200 – 500 words max) – references not included in word count.
2. Brief description of the nature of the solution including a conceptual diagram (250 words max)
3. Brief description of specialized domain expertise, knowledge, and data requirements (300 words max)
4. Objectives and Novelty

|  |  |  |  |
| --- | --- | --- | --- |
| Main Objective | | | |
| Member Name with Registration No | Sub Objective | Tasks | Novelty |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. Individual component description of how it is complied with the specialization.

|  |  |
| --- | --- |
| Member Name with Registration No | Description |
|  |  |
|  |  |
|  |  |
|  |  |

1. Supervisor details

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Title | First Name | Last Name | Signature |
| Supervisor |  |  |  |  |
| Co-Supervisor |  |  |  |  |
| External Supervisor |  |  |  |  |
| Summary of external supervisor’s (if any) experience and expertise | | | | |

**This part is to be filled by the Topic Screening Staff members.**

1. Does the chosen research topic possess a comprehensive scope suitable for a final-year project?

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

1. Does the proposed topic exhibit novelty?

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

1. Do you believe they have the capability to successfully execute the proposed project?

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

1. Do the proposed sub-objectives reflect the students' areas of specialization?

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

1. Supervisor's Evaluation and Recommendation for the Research topic:

Acceptable: Mark/Select as necessary

|  |  |
| --- | --- |
| Topic Assessment Accepted |  |
| Topic Assessment Accepted with minor changes\* |  |
| Topic Assessment to be Resubmitted with major changes\* |  |
| Topic Assessment Rejected. Topic must be changed |  |

\* Detailed comments given below

Comments

|  |  |
| --- | --- |
| **Staff Member’s Name** | **Signature** |
|  |  |
|  |  |

\***Important**:

1. According to the comments given by the evaluator, make the necessary modifications and get the approval by the **Evaluator**.
2. If the project topic is rejected, identify a new topic, and request the RP Team for a new topic assessment.