

INSTRUCTIONS

1. Complete and return this form to the Major Project Coordinator immediately after all parties involved have given their consent.
2. Supervisor's signature on this form indicates his support for the request.

STUDENT DETAILS

Name	:	
Student ID	:	
E-mail	:	
Mobile No	:	
Programme	:	
Project Title	:	
Specialization	:	

I agree to the terms and deadlines outlined for the module.

Name: _____ Signature: _____

Date : _____

I agree to supervise this independent study module and provide the final grade.

Name: _____ Signature: _____

Date : _____

MAJOR PROJECT COORDINATOR

Request **Approved / Not Approved** by Major Project Coordinator

Name: _____ Signature: _____

Date : _____