



# Muhammad Ali Jinnah University

## Final Year Project (FYP)

Faculty of Computing  
Department of Computer Science

### Supervisor Approval Form

DATE

Day		Month		Year	
		-		-	

Project Title:		
Program (Tick the appropriate box, may be both): <input type="checkbox"/> BSCS <input type="checkbox"/> BSSE		
Group Member's Name (in BLOCK letters)	ID	Signature
(GL)		

#### Supervisor's Approval

I hereby volunteer to supervise the above-mentioned project.

Supervisor Name: \_\_\_\_\_

Supervisor Signature and Date : \_\_\_\_\_

#### For Official use:

Name: \_\_\_\_\_

Signature and Date : \_\_\_\_\_