

Muhammad Ali Jinnah University

Final Year Project (FYP)

*Faculty of Computing*

Department of Computer Science

**Supervisor Approval Form**

DATE

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Day Month Year

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| Project Title: | | |
| Program *(Tick the appropriate box, may be both):*   * BSCS ☐ BSSE | | |
| Group Member’s Name *(in BLOCK letters)* | ID | Signature |
| **(GL)** |  |  |
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| **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 : |