

**UNIVERSITY OF DAR ES SALAAM**  
**COLLEGE OF INFORMATION AND COMMUNICATION TECHNOLOGIES**  
**DEPARTMENT OF COMPUTER SCIENCE AND ENGINEERING**  
**FYP SUPERVISOR CONSULTATION FORM**

Project Title: .....

Student Names/Reg.no: 1: .....  
 2: .....  
 3: .....

Name of Supervisor: .....

Date	Comments by supervisor	Students signature	Supervisor signature
Week 1			
Week 2			
Week 3			
Week 4			
Week 5			
Week 6			
Week 7			
Week 8			
Week 9			
Week 10			
Week 11			
Week 12			
Week 13			
Week 14			
Week 15			
Total Marks on Semester 2 = 7.5 %( i.e. 0.5% for single visit)			

Comments by Supervisor: .....