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**MASENO UNIVERSITY**

**COMPUTER SCIENCE DEPARTMENT**

**Project Student Log.**

Student’s Names……………………………………Registration No ……………………………

Unit code. ………………………………………..Unit title……………... ……………………

Project Title …………………………………………………………………..……………………..

Supervisor ……………………………………………………………………………………………

This form is to be filled by the supervisor on each consultation date and duly signed. It is to be kept by the student, and it should be submitted to the project coordinator at the end of the project period. The student should consult the supervisor at least once a week.

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| **Date** | **Comment(s)** | **Sign Supervisor** | **Sign Student** |
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