SOROTI UNIVERSITY

SCHOOL OF ENGINEERING AND TECHNOLOGY

DEPARTMENT OF ELECTRONICS AND COMPUTER ENGINEERING

15 DAYS PROJECT STATUS REPORT (Recurring)

Batch No		Week in SEM		Date of Submission			
Title of the Project							
Main Supervisor Name							
Co Supervisor Name (if any)							
S No	Roll No	Name of the	Student	Attendance for the (No of Hours spend)			Signature of the
				Week 1	Week 2	Total (Hr)	Supervisor
1							
Brief summary of Work carried out during last 2 weeks:							
SIGNATURE OF SUPERVISOR WITH DATE							