 UTM <small>UNIVERSITI TEKNOLOGI MALAYSIA</small> <small>RESEARCH UNIVERSITY</small>	School of Computing Faculty of Engineering Universiti Teknologi Malaysia
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PSM 2 (SECJ 4134) REPORT REVIEW AND APPROVAL FORM

Session/Semester: 2022/2023/2

Instruction: [Student] Please complete Section A of this form. [Supervisor] Please complete Section B and C. Then, student submits the completed form with the corrected Final Report for PSM 2 evaluation to the PSM 2 Department Coordinator. This form must be filled in ONE (1) copy.

SECTION A: STUDENT INFORMATION

Student Name : MUHAMMAD DARLEN SAVA

Project Title : **STUDENT ACADEMIC MANAGEMENT SYSTEM FOR SMAS MUHAMMADIYAH 1 BANDA ACEH**

Supervisor Name : PROF. MADYA. TS. DR. MOHD SHAHIZAN BIN OTHMAN

SECTION B: MEETING FREQUENCY

Guideline: Please fill in this section according to the meeting frequency of the student and the supervisor. Mark ✓ in the appropriate box.

1. Meeting Frequency:

- [☒] Sufficient (*at least once every TWO (2) weeks*)
- [☐] Not Sufficient

2. If Not Sufficient:

- [☐] Warning Letter I has been issued to student
- [☐] Warning Letter II has been issued to student

SECTION C: SUPERVISOR DECLARATION AND REPORT

Guideline: Please state status of the student's final report (mark ✓ in the appropriate box). You may provide written report if necessary.

1. I hereby declare that:

The student final report meets the PSM 2 scope.
Student can do his/her PSM 2 presentation.

Pass	✓
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The student final report need to be modified
to meet the PSM 2 scope. Student is allowed
to present only if the condition are satisfied

Conditional Pass	
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The student final report did not meet PSM 2 scope.
Student cannot do his/her presentation.

Fail	
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2. Supervisor Report

(Please provide attachment if any)

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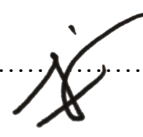
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3. Supervisor* Certification

I PM Dr Mohd Shahizan Ohhman hereby certify
that ***I have received and read*** the above mentioned student's Final Report and allow/~~not allow~~
him/her to present.

Date : 1 July 2023

Signature : 

Official Stamp

SECTION C: PSM 2 DEPARTMENT COORDINATOR

I hereby certify that I have received an approval
confirmation from this supervisor for his/her student final year project presentation

Date :

Signature:

Official Stamp

*Notes: *Supervisor - please return this form to the your Department's PSM2 Coordinator*