University of Sialkot
Project Management Office
Department of Software Engineering

SUPERVISOR MEETING FORM

Meeting Number : [ ]

DATE Day [ ][ ] − Month [ ][ ] − Year [ ][ ][ ][ ]

Group ID:		Meeting Date:	
Meeting Time:		Supervisor Name:	

Thesis / Project Title:

Current Phase:

☐ Requirement Engineering ☐ Designing ☐ Coding ☐ Testing ☐ Deployment ☐ Others

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Task was assigned in previous meeting
Details:

Status/Progress of assigned task ☐ Done ☐ In Progress ☐ Others
Details:

New task for next meeting

Task	Deadline

Group Members:

Sr. #	Registration #	Name in Full	Signatures
1			
2			
3			
4			

Next Meeting:

Date: _____

Time: _____

Signatures and Date

Supervisor