## **FACULTY OF CREATIVE MEDIA & INNOVATIVE TECHNOLOGY**





SEMESTER (current):	JUNE /20	NOVEMBER /20
PROGRAMME:	BITSE	BITCS BITNT DIT
SUBJECT:	BTT 302	BTT 304 DTT 209
STUDENT'S NAME :		
SUPERVISOR'S NAME :		
MATRIC NO [NEW] :		
MOBILE NO. :		
EMAIL ADDRESS :		
THESIS TITLE:		
		RNED TO THE IT PROJECT COORDINATOR BY WEEK 11 RESENT IN THE IT PROJECT PRESENTATION DAY
2. TO BE FILLED BY	THE STUDENT AND APPROVE	D BY THE SUPERVISOR.
PROJECT DOCUM	MENTATION TO BE USED BY	HE SUPERVISOR ATTEST THAT THEY HAVE REVIEWED THE THE STUDENT FOR PRESENTATION AND THAT THEY REQUIREMENT FOR BOTH FORM AND CONTENT.
4. THE SUPERVISOR	R IS REQUIRED TO INCLUDE	PROJECT PROGRESS CHECKLIST TOGETHER WITH THIS
FOR SUPERVISOR USE ONLY		
APPROVED / NOT APPI Reasons if application is		
Cimatum		D. I.