

**Appendix A.2: Project Proposal Form (PSM.CI.03)**

**QAIWAN INTERNATIONAL UNIVERSITY**

**FACULTY OF ENGINEERING AND COMPUTER SCIENCE**

**PSM 1 (SCR/SCJ/SCV/SCD/SCI 3032 & SCB 4042) PROJECT PROPOSAL FORM**

Session/Semester: semester 1 2021/2022

**Instruction:** Please complete and submit this form to the departmental PSM committee. The proposal must be reviewed by the supervisor before submission.

**SECTION A: STUDENT INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | **: kozhyar rauf**  ……………………………………………………………………………… | | |
| Year/Course | **:** 3/software engineering | | |
| ISID. No. | **: 201901M20024** | Matric No. | **:** QU182SCSJ032 |
| Email | **: krqu180100@uniq.edu.iq** | Mobile No. | **:** 07729522121 |

|  |  |  |
| --- | --- | --- |
| **Proposal No.** | 1 | *(Please follow your preference. Proposal No. 1 – the highest priority, followed by Proposal No. 2 Each student may propose a maximum of 2*  *Topics).* |

|  |  |
| --- | --- |
| **SECTION B: PROJECT DETAILS** | |
| **Supervisor Name** | **:** mr.rebwar baxhtyar |
| **Project Title** | **:** online medical shop |
|  |  |

###### Problem Background and Proposed Solution:

Health is one of the most important priority in life and now a day we have a lot off problem that concern

Health and finding a right supplement are one of those problem which the customer can’t find all the supplement they want at a specific store and there is a time and distance gap amongst customers and supplies they need. and we live at a time which communication technology is developing very quickly so by developing our application we can reduce that gap and fix some of the problems for Example there is some supplement that aren’t available in some pharmacies it will cause health issue to the customers but by using our application they can avoid this problem and we can offer fast and acceptable medical supplement under supervision of an authorized or verified doctor. And we want our application to meet the requirement of the customers

###### Objectives:

* To review the existing app and study about medical online shop
* To design and implement a proposed app

###### Scopes:

the system is helpful in keeping the records of the product requested by the dealer, the number of products manufactures, the no of product sent to the dealer.

Project requirement

|  |  |
| --- | --- |
| Software | **: Operating System : Windows OS**  **Front-End : flutter, CSS, and JS**  **Back-End : Angular JS, PHP, MYSQL** |
| Hardware minimum | **: Processor : Intel(R) 2.10GHz**  **Installed memory (RAM) : 4 GB**  **Hard Disk : 160 GB**  **Operating System : Windows (10)** |
| Technology/Technique/ Method/Algorithm | **:** dart |

**Project Type:** *(Please tick one)*

[✔] System Development [ ] Research

|  |  |
| --- | --- |
| **Project Area:** | |
| Area | **:** mobile application |

(e.g.: *Security – Cryptography*)

**SECTION C: STUDENT ACKNOWLEDGEMENT**

I confirm that this project is: [✔ ] my own idea

[ ] Proposed by the supervisor…………………………………………………...

|  |  |
| --- | --- |
| Date: 11/16/2021 | Student Signature: |

**SECTION D: SUPERVISOR ACKNOWLEDGEMENT**

I confirm that I

Have reviewed this student’s project proposal and therefore agree for the proposal to be submitted for evaluation.

|  |  |  |  |
| --- | --- | --- | --- |
| Date | **:** 11/16/2021 | Signature  Official Stamp | **:** ………………… |
| **SECTION E: EVALUATION PANEL APPROVAL** | | |  |

**Outcome:**

[ ] Full Approval

[ ] Conditional Approval (Minor) [ ] Conditional Approval (Major) [ ] Fail

**Notes** (*Please state reasons for conditional or failed approval)*

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**Evaluation Panel:**

1. …………………………………………..

2. …………………………………………..

|  |  |
| --- | --- |
| Date: ……………………… | Signature: …..……………………………  Name: …..………………………………. |

**SECTION F: FOR FACULTY COMMITTEE ONLY**

Date Received: ……………………………….

Signature: (Official Stamp)