



INFORMATION TECHNOLOGY DEPARTMENT  
FACULTY OF SCIENCE AND TECHNOLOGY  
FATONI UNIVERSITY  
ADVISER PROJECT APPROVAL LETTER

Approval Letter Agreed to Sign by:

Adviser I : .....

Adviser II : .....

As Adviser I / Adviser II of students:

1. ID.....First Name .....Last Name.....

2. ID.....First Name .....Last Name.....

The Information Technology Project Proposal Title:

.....  
.....

Adviser I

Adviser II

( ..... )

Date:        /        /

( ..... )

Date:        /        /

\*\*\* Note (Adviser only), mark to the selected point

- ☐ Project already COMPLETED with fully experimented and ready to deploy
- ☐ Project already COMPLETED with experimented some part
- ☐ Project already COMPLETED
- ☐ Project DO NOT COMPLETED
- ☐ Others: .....