



## Final Year Project (FYP) Faculty of Computing Department of Computer Science

## **Supervisor Approval Form**

Project Title:  Program (Tick the appropriate box):  BSCS BSSE Group Member's Name (in BLOCK letters) ID Signature  Supervisor's Approval  I hereby volunteer to supervise the above-mentioned project.    1 Volunteer			_	Day	Month		Year	
Program (Tick the appropriate box):  BSCS BSSE Group Member's Name (in BLOCK letters) ID Signature  Supervisor's Approval  I hereby volunteer to supervise the above-mentioned project.  I Volunteer For Official Use Only Name:		DA	TE	-	_	-		
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