

# Muhammad Ali Jinnah University



## Final Year Project (FYP)

Faculty of Computing  
Department of Computer Science

### Supervisor Approval Form

DATE

Day		Month		Year	
		—		—	

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.

☐ I Volunteer

#### For Official Use Only

Name: \_\_\_\_\_

Signature and Date : \_\_\_\_\_