Muhammad Ali Jinnah University
Final Year Project (FYP)
Faculty of Computing
Department of Computer Science

DATE | Day — Month — Year

Project Code:

Old Project Supervisor Name:

New Project Supervisor Name:

Reason for Change:

Old Supervisor Approval

☐ I Approve   **Signature and Date**

New Supervisor approval
All the group members consent is taken.
No Extension and relaxation shall be given

☐ I Approve   **Signature and Date**

For Office Use Only
Remarks:

Signature and Date