

Student Name: _____

Student Number: _____

PROPOSED EXTENSION OF PROJECT

Signature of Student

Date: _____

Student Name: _____

SUPERVISOR'S COMMENT

1. Application for Extension of Semester Project into Year Project

Accept

Reject

2. Feasibility of the project to be widened:

3. Confidential statements regarding the student's ability:

4. Indicate any special considerations which have led to the recommendation of the Student:

Signature of Supervisor

Date: _____

Student Name: _____

PROGRAMME EXAMINATION COMMITTEE'S COMMENTS:

Application for Extension of Semester Project into Year Project

Accept

Reject

Others, please specify _____

Signature of Final Year Project Coordinator
or Head of Department

Date: _____