

**Form 1**

**PROJECT TITLE APPROVAL FORM**

Department: .....

Academic Year:.....

Students are hereby informed that they should submit this document to their respective Project Coordinators/HOD by the week of Semester 8 at latest.

Student's Name: .....

Reg No: .....

**Title of Project:**

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**Objectives of the Study:**

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**Supervisors Comments:**

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Student's Signature:

Supervisor's Signature:

Supervisor's Name:

Date:

Date:

**N.B.: Both the supervisor and the student should retain a copy of this Project Title Approval Form**