

DECLARATION of PROJECT STATUS FORM

Student Name	:				
Student ID	:				
Supervisor Name	:				
Course code	:	***			
Academic	:	Semester	***	Year	
Title of Project	:				
The above project work has / has not*** fulfilled the necessary criteria towards					
the completion of	the pro	oject, hence t	he mention	ned student is ready	, / not ready***
to submit the proje	ect repo	ort and orally	present hi	s/her project work.	
*** Additional Remarks					
				*	
SUPERVISOR'S SIGNATURE					
D :					

Date:

***Choose appropriately
This form MUST be submitted a week before the drop date in the UTM academic calendar.