**Postgraduate Project Pre-registration**

* Project Information

|  |
| --- |
| Project Title:  |
| Outline of the Project   |
| Keywords: |
| Methodology: |
| Expected Outcomes |
| Resources Required : |
| References |

* Student Information:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ID | Name | Mobile Phone | Email | Signature |
|  |  |  |  |  |

* Supervisor(s):

|  |  |  |  |
| --- | --- | --- | --- |
| Supervisor |  | Department |  |
| Co-Supervisor (if any) |  | Affiliation |  |

* Proposed Committee Members:

|  |  |
| --- | --- |
| Name of Faculty Member | Department/College |
| 1 |  |  |
| 2 |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Supervisor’s Signature |  | Date |  |
| Executive Supervisor |  | Date |  |
| Head of Department  |  | Date |  |