Appendix H

Fill in the information below as detailed as you can when submitting your project idea.

Proposed Team			
Student ID	Name	Email	Credit Hrs *

Area of interest (Tick one or more)			
Development Track		**Research Track**	
1. Web Development		1. Software Engineeri ng	
2. Multimedia		2. Information Security	
3. Mobile Applications		3. Digital Forensics	
4. Network Applications		4. Innovative Tool Development	
5. Others:		5. Others:	

Abstract of the Proposed Projects

_____

_____
_____
_____

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_____

_____
_____

_____
_____

(To be filled by the Project Coordinator)

Project Accepted	Project Rejected
Supervisor Name:	Reason(s):

GP Coordinator, CS/IT/CE/IS Department

Appendix I
GP Regular Supervision Record Form

Students and supervisors should use this form to help structure and provide a record of their meetings. At least ten meetings' reports per semester are required as documentation depending on the nature of the project and the required tasks.

<u>SECTION 1 to be completed by the</u>   <u>STUDENT</u>   <u>prior to supervision meeting</u>

a)   Name: b)   Supervisor's name:

c)   Date/time of supervision: d)   Date of last supervision:

e)   Work submitted to supervisor since last supervision meeting (with date work submitted   <u>and</u> returned to you)

f)   Work undertaken since last supervision meeting:

g)   Issues you would like to discuss in the supervision meeting:

SECTION 2 to be completed at the supervision meeting

a)   Topics covered in supervision meeting (please refer to Section 1(g) above):

        Work student should undertake between now   and next formal meeting (with dates:

b)

SECTION 3   Date/Time of next meeting:

This form contains a good summary of our meeting

Signatures: Student   Date

                Supervisor   Date

A copy of this form should be kept by the supervisor, the student, and in the student's file in the Departmental Office

Appendix J
Monthly Progress Report

Department of _____
College of Computer and Information Systems

(CCIS) Project ID:

Project Name:

Name of the Supervisor:

Date:

Period covered: From _____/____/20__ to
_____/____/20__ Names of Team members:

1.	**List and describe your tasks during last month**
2.	**List and describe your pending tasks from last month along with their reasons**
3.	**Task Plan for the next month**

4.	**Any other comments**

Signatures:

Signature of the Supervisor:

Team Member's Name & ID	Designation	Signature	Date
			_____/____/20__
			_____/____/20__
			_____/____/20__
			_____/____/20__

Please don't write anything below. To be filled by the GP Coordinator

GP Coordinator's Comments