



**APPLICATION FOR THE CHANGE OF FYP TITLE**  
**FACULTY OF ENGINEERING AND TECHNOLOGY**

1. The student shall submit the application to the faculty office.

**Student details**

Name of student:	
Student ID:	
Degree:	

**Project details**

Part 1	Trimester ___ 20__/20__
Part 2	Trimester ___ 20__/20__
Current project title:	
Proposed project title:	
Reason for change:	

2. Recommendation from supervisor, co-supervisor (if any) and the dean of faculty

**Supervisor**

Recommended       Not Recommended

Supervisor's comments (if any): \_\_\_\_\_

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Supervisor's signature and stamp

Date: \_\_\_\_\_

**Co-supervisor (if any)**

Recommended       Not Recommended

Co-supervisor's comments (if any): \_\_\_\_\_

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Co-supervisor's signature and stamp

Date: \_\_\_\_\_

-----**FOR OFFICE USE ONLY**-----

**Dean of Faculty**

Approved       Not approved

Dean's comments (if any): \_\_\_\_\_

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Dean's signature and stamp

Date: \_\_\_\_\_

Note: The project coordinator and Web admin will be informed upon approval.