Version No: 00 Revision No: 01 Effective Date: 12/12/2023



SEMESTER SESSION

COMPLETION FOR FYP REPORT EVALUATION

INSTRUCTIONS

Only student who has completed his/her FYP report need to complete and submit this form.

Section A: To be completed by the student once his/her FYP Supervisor is APPROVED and

ready to su	ibmit for the evaluation.	
Name	:	Matric No.:
Programm	ne:	Contact No. :
Email	:	Total number of words:
Signature	:	Date :
Section B evaluatio		to certify the completion of FYP report for the
Re	ecommended for evaluation	
	ot recommended for evaluation	
Remark (s):	:	
Name:		
Date:		
Section C	C: To be completed by Coordinat	or
I hereby A (GREE that this FYP shall be evalu	ated by the appointed FYP examiner.
		FYP Examiner's name:
Name:		
D .		
Date:		
Date:		
Office use of	only	
	only	Remarks: