

Universiti Kuala Lumpur – British Malaysian Institute

Final Year Project

Change of Supervisor Form

This form must be completed and handed to the FYP Coordinator before leaving the FYP supervising job.

Semester:		
Name:		
Section:	Student ID:	
Telephone No:	Project ID:	
Reasons for change of supervisor:		
Signature:	Date:	
Signature.	Date.	
B. To be Completed by the New FY	P Supervisor	
Name:		
Section:		
Telephone No:		
Comments:		
Signature:	Date:	
C. For Office Use Only		
Date form received:	Date FYP Committee meeting:	
Meeting Outcome:	,	
FYP Secretary Signature:	Date:	
FYP Coordinator Signature:	Date:	