

WONG HOCK BOON SOCIETY



Project Acceptance Form

Project Title			
Supervisor		Department / Institution	
Email		PA/Coordinator email	

Student's Details

Name		Matriculation No.	
Year of Study	<input type="checkbox"/> M1 <input type="checkbox"/> M2 <input type="checkbox"/> M3 <input type="checkbox"/> M4 <input type="checkbox"/> M5		
Email		Mobile number	
Project Start Date		Project target End Date	
This project will be lodged as a UROP Project.			Yes / No (Please circle one.)

I, hereby confirm that I agree to accept the student's assistance during the period of my project.

I, hereby agree to commit time and efforts for the above mention project.

Supervisor's Signature

Date:

Student's Signature

Date:

NOTE:

It is mandatory to have both supervisor and student sign this form.

Students are requested to forward this form duly completed in soft copy to:
Attn: Wong Hock Boon Society, Mr Cheng Woon Tien (woontien@nus.edu.sg)

In the event of discontinuation of project, kindly inform the following staff:

Attn: Mr Cheng Woon Tien (woontien@nus.edu.sg)
CC: Ms Tay Gek Sun Sherline (medtgss@nus.edu.sg)