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#### **WONG HOCK BOON SOCIETY**

# Project Acceptance Form

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| --- | --- |
| **Project Title** |  |
| **Supervisor** |  | **Department / Institution** |  |
| **Email** |  | **PA/Coordinator email** |  |
| **Student’s Details** |
| **Name** |  | **Matriculation No.** |  |
| **Year of Study** | [ ]  **M1** [ ]  **M2** [ ]  **M3** [ ]  **M4** [ ]  **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 Student’s Signature

Date: 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, Miss Sherline Tay (medtgss@nus.edu.sg)

In the event of discontinuation of project, kindly inform Sherline.