

FACULTY OF ELECTRICAL TECHNOLOGY AND ENGINEERING

PANEL FEEDBACK FORM PSM 1

NAME OF STUDENT			
STUDENT MATRIC NO.		ACADEMIC SESSION	
DEPARTMENT / COURSE			
TITLE OF PROJECT			
NAME OF SUPERVISOR			
SUPERVISOR APPROVAL			
TURNITIN < 30%			YES / NO
Student meets requirement. Allowed to present his/her BDP			AGREE / DISAGREE
APPROVED SUPERVISOR (Signature & Official Stamp)			
	Date :		
PANEL COMMENT			

PANEL (Signature & Official Stamp)	
	Date :