

Department of Information Technology

BS (Information Technology)

Final Year Project Proposal

Project Title: _____

Credit hour: 6

Year: final **Semester:** 8th

Student Names with Roll #:

1. Name Roll No:
2. Name Roll No:
3. Name Roll No:

Supervisor Name: _____

Objective:

Summary:

Project Applications:

Resources / Tools:

Group Leader's Signature:

Date:

Supervisor's Comments:

Supervisor's Signature:

Approved for Presentation: Yes No **Proposal Accepted:** Yes No

Head of Department (Name):

Signature:
