To be completed by UROP student and signed by supervisor.

Supervisor’s Name: ____________________________________________________________

Project’s Title: ________________________________________________________________

Project Number: ______________________________

Student’s Name: ________________________________________________________________

Student’s SoC email: ____________________________@comp.nus.edu.sg

Student No.: _________________________________________________________________

Module Code:  ○ CP3208 + CP3209  ○ CP3208 -> CP4101

We confirm that we agree on the UROP project assignment, namely, that the student
will undertake to do the research project titled above and the supervisor will
undertake to supervise and provide guidance to the student on the research work.

_________________________________________ Date

Name and Signature of STUDENT

_________________________________________ Date

Name and Signature of SUPERVISOR

Please return the duly completed form to:
SOC Office of Undergraduate Studies: COM1 #02-19 (Attn: Mrs Kwek Wong Kay)