UROP - Withdrawal Form

To be completed by UROP student and signed by supervisor.

Student’s Name: .................................................. Matric. No.: ........................................
Student’s SoC email: ...........................................@comp.nus.edu.sg
Supervisor’s Name: ...........................................................
Project’s Title: ..........................................................

Reasons for Withdrawal: (Please read the “Withdrawal” section in http://www.comp.nus.edu.sg/undergraduates/urop_details.html#L10)

__________________________________________  _______________________________  
Name and Signature of STUDENT  Date

DECISION BY SUPERVISOR:

☐ APPROVED  ☐ REJECTED

Reasons/Comments (if any):

__________________________________________  _______________________________  
Name and Signature of SUPERVISOR  Date

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

DECISION BY ASSISTANT DEAN, OFFICE OF UNDERGRADUATE STUDIES:

☐ APPROVED  ☐ REJECTED

Reasons/Comments (if any):

A/P Kan Min-Yen

__________________________________________  _______________________________  
Name and Signature of ASSISTANT DEAN  Date

Last modified on 14th January 2015