

NUS SCHOOL OF COMPUTING

CP4106 - Computing Project

Withdrawal Form

Please return the duly completed form to SoC Office of Undergraduate Studies (COM1 #02-19) Attn: Miss Ivy Ng or email her at <u>ivyng@nus.edu.sg</u>

Section A: To be completed by student:

| Full Name | | | | | |
|--|----|--|--|--|--|
| Student Number | | | | | |
| NUSNET email | | | | | |
| Supervisor's Name | | | | | |
| Project ID and Title | | | | | |
| Start Date: Semester 1/2* of AY End Date: Semester 1/2* of AY/ (Please circle the right sem and indicate the right AY) | | | | | |
| Reasons for Withdrawa | l: | | | | |
| □ Not interested | | | | | |
| Unable to cope | | | | | |
| Others (Please specify): | | | | | |
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Name and Signature of STUDENT

Date

Section B: To be completed by CP4106 Project supervisor

| RECOMMENDED | | | |
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| easons/Comments (if | \bigcirc | | |
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| Name and Signatu | re of Supervisor | Date | |
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| Section C: To be con | npleted by CP4106 coordinator | | |
| | npleted by CP4106 coordinator CIATE PROFESSOR, OFFICE OF UNDE | RGRADUATE STUDIES: | |
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Date