

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):					

Name and Signature of STUDENT

Date

Section B: To be completed by CP4106 Project supervisor

RECOMMENDED			
 easons/Comments (if	\bigcirc		
Name and Signatu	re of Supervisor	Date	
Section C: To be con	npleted by CP4106 coordinator		
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Date