

### **NUS SCHOOL OF COMPUTING**

# UNDERGRADUATE RESEARCH OPPORTUNITY PROGRAMME (UROP)

## **UROP** - Withdrawal Form

### Section A: To be completed by student:

|                          | <b>il</b> (Please refer to withdrawal se<br>lu.sg/programmes/ug/project/u |                      |  |
|--------------------------|---|----------------------|--|
| Start Date: Semester 1/2 | * of AY/ End Date: !  | Semester 1/2* of AY/ |  |
| Project Title            |   |                      |  |
| Supervisor's Name        |   |                      |  |
| Student's SoC email      |   |                      |  |
| Matric. Number           |   |                      |  |
|                          | i   |                      |  |
|                          |   |                      |  |

# Section B: To be completed by UROP supervisor

| DECISION BY SUPERVISOR:    |                        |                  |  |
|----------------------------|------------------------|------------------|--|
| APPROVED                   | REJECTED               |                  |  |
| Reasons/Comments (if any): |                        |                  |  |
|                            |                        |                  |  |
|                            |                        |                  |  |
|                            |                        |                  |  |
|                            |                        |                  |  |
|                            |                        |                  |  |
|                            |                        |                  |  |
|                            |                        |                  |  |
| Name and Signature of S    | upervisor              | Date             |  |
|                            |                        |                  |  |
|                            |                        |                  |  |
| Saction C. To be complete  | d by LIBOD coordinator |                  |  |
| Section C: To be complete  | a by order coordinator |                  |  |
| DECISION BY ASSISTANT I    | DEAN, OFFICE OF UNDERG | RADUATE STUDIES: |  |
| APPROVED                   | REJECTED               |                  |  |
| Reasons/Comments (if any): |                        |                  |  |
|                            |                        |                  |  |
|                            |                        |                  |  |
|                            |                        |                  |  |
|                            |                        |                  |  |
|                            |                        |                  |  |
|                            |                        |                  |  |
| Dr Zhao Jin                |                        |                  |  |
| Name and Signature of AS   |                        | Date             |  |