



<b>Surname / Family Name :</b>		<b>First Name / Given Name:</b>	
<b>Student Number:</b>	<b>Telephone :</b>	<b>CGPA:</b>	
<b>Contact Mail :</b>			

<b>CHOICE</b>	<b>PROJECT TITLE</b>	<b>INSTRUCTOR NAME</b>
<b>1<sup>ST</sup> Choice</b>		
<b>2<sup>nd</sup> Choice</b>		
<b>3<sup>rd</sup> Choice</b>		
<b>4<sup>th</sup> Choice</b>		
<b>5<sup>th</sup> Choice</b>		
<b>Student Signature: .....</b>		<b>Date Submitted:.....</b>

<b>STAFF USE</b>		
<b>CHOICE</b>	<b>PROJECT TITLE</b>	<b>INSTRUCTOR NAME</b>
<b>COMMENTS:</b>		