

FYP CONTRACT

FSG/PTA/08/2019/01



UNIVERSITI
TEKNOLOGI
MARA

Fakulti
Sains Gunaan

Course Code :
Title :
Semester :
Part :

Student Name :
UiTM no :
Telephone :
Email :

Supervisor Name :
Tel/Fax :
Email :

Signature: _____

Co-supervisor name :
Tel/Fax :
Email :

Signature: _____

Consultation day and time :

I (the student) agree to have the above-stated names as my supervisor and co-supervisor for the stated project title to the end of the semester.

I (the student) agree to observe the roles and responsibilities as stipulated in the "Guidelines on Supervision, Assessment, Evaluation and Format for Students Projects 2nd Edition." I will submit this contract to the coordinator for the project on the specified date.

I (the student) agree to submit my final draft proposal/thesis with **less than 30% Turnitin similarity index**. I understand that failure to do so will earn me an automatic F in accordance to Plagiarism Regulation 1.77 from Peraturan Akademik Diploma dan Sarjana Muda, UiTM (pindaan 2017).

I/we, (supervisor and co-supervisor) agree to have the above-stated name as my/our student for the stated project title to the end of the semester.

I/we (supervisor and co-supervisor) agree to observe the roles and responsibilities as stipulated in the guidelines. I/we will make sure that the student submits this contract to the Coordinator for the project on the date as specified by him/her.

Student and supervisor/s agree to communicate on the above-stated day and time **every week** to discuss the progress of the project during the above-mentioned period.

Signatures:

Student:

Coordinator (Witness)

Date

*Copies of completed forms must be given to every student, supervisor, co-supervisor (if present) and coordinator.