

**FORM B****RECORD OF MEETINGS  
OF STUDENT WITH SUPERVISOR**

COURSE CODE AND TITLE: **SJES3488/SJEM3380 MATHEMATICAL SCIENCE PROJECT**  
SEMESTER: \_\_\_\_\_ SESI: \_\_\_\_\_

STUDENT'S NAME : \_\_\_\_\_  
MATRIC NO. : \_\_\_\_\_  
PROJECT TITLE : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date	Comments	Signature

SUPERVISOR NAME: \_\_\_\_\_

**Remark:** A photocopy of this form is required to be submitted to the Project Course Coordinator at the end of the supervision semester.