

Department of Management and Information Technology

Faculty of Management and Commerce, South Eastern University of Sri Lanka University Park, Oluvil, Sri Lanka #32360 MIT-PR 02

APPLICATION FOR CHANGE OF PROJECT

						DD	MM	Υ	YYY
OI Full Name of the Student:									
02 Name with Initials:		itials:							
03 Registration Number:		Number:							
Previous Title:									
New Title:									
Reason for change:									
Brief Description of the new project:									
l am wi		nt: these students in al of the project and be						ly se	en the
Name of the Supervisor:									
Signature:					D	D MM Y	/YYY		
Note: A L	change in project	daes NOT justify any ch	ange in supervisor	of the project and NL	O Additional time	is given as a re:	sult of Pr	oject	' Change.
For DMIT Office use only									
Recommended		Not Rec	ommended	☐ Approved		Not Approved			

Signature of the Head of the Department of MIT

Name and signature of the Software Development Project

Coordinator