



## SPRING-UP COLLEGE OF HEALTH SCIENCE AND TECHNOLOGY, ONDO.

BESIDE VIO OFFICE, ONDO-ORE ROAD, OKA FFF, ONDO CITY, ONDO STATE.

### PROJECT TOPIC APPLICATION FORM.

#### 1. Student Information

Name: \_\_\_\_\_

Matriculation Number: \_\_\_\_\_ Level: 300L

Department: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

#### 2. Proposed Project Topic

##### Title of Proposed Topics

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_

#### 3. Project Types

{select one}

Research Project	<input type="checkbox"/>
Design/ Construction Project	<input type="checkbox"/>
Case Study	<input type="checkbox"/>
Software/Application	<input type="checkbox"/>
Development	<input type="checkbox"/>

#### 4. Supervisor Preference {Optional}

Name of Preferred Supervisor: \_\_\_\_\_

Reason for preferred {optional}: \_\_\_\_\_

#### 5. Student Signature

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For official Use Only

Remark: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Assigned: \_\_\_\_\_

Approval Officer: \_\_\_\_\_

##### Note:

1. Any student who is not indexed by professional bodies will not be able to participate in Project defense.
2. Visit your portal to pay for your project fee