Form-3



AL IMAM MOHAMMAD IBN SAUD ISLAMIC UNIVERSITY

DEPARTMENT OF		
EVALUATION FORM FO	OR GP-I, COLLEGE OF ENGINEERIN	G
Student Name:	Student ID:	
Project Title:		
Advisor Name:		
Topics		<u>Points</u>
Supervision:		[/70]
	d by the examiners:	
Total		[/100]
Examiner Name:	Signature:	
Examiner Name:	Signature:	
Supervisor Name:	Signature:	

Date: _____