NUS
National University
of Singapore

DSA5201 ORAL ASSESSMENT FORM

Student's name: _____

Matriculation number: _____

Company's name: _____

Project Title: _____

Module coordinator's name: _____

Grade awarded: _____
(Pass/Fail)

Comments, if any:

_____

_____

_____

_____

_____

_____

_____

Date: _____   Signature: _____

Please submit this report to Shanthi (matsdd@nus.edu.sg) on the first working day following the oral presentation. Thank you!