CONSENT FORM FOR INDUSTRIAL ADVISOR



(To be submitted to Chairperson Office within two weeks after the start of Fall semester)

Date:		_		
Name:				
Address: _				
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Γel. Res:	l. Res:		Tel. Off	
Cell No.:	ell No.:		WhatsApp No.:	
Qualificatio	n (s) & Evnerienc	e in relevant field:		
Qualificatio	ii (s) & Experienc	e ili lelevalit lielu.		
hereby giv	e my consent to a	dvise the following final year st	udents whose project title is:	
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	No.	Name	Seat No.	
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Signature w	rith Date	Signature with	Signature with Date	
Industrial A			Chairperson	