**APPENDIX D – ADVISER CONSENT FORM (F3)**

**Name of Group :**

Bacyal, Grace Luzcelyn B.

Cabo, Ma. Joanna I.

Carlos, Rose Janeth G.

Gulane, Kristine P.

Mendio, Dianne F.

**BSIT Registration No. :**

BSIT – 4103  **Index :**

**No. :**

**Title of Project :**

Restaurant Ordering System

|  |  |  |
| --- | --- | --- |
|  | **Adviser 1 (IT Related)** | **Adviser 2 (Optional-Client)** |
| **Name** |  |  |
| **Designation** |  |  |
| **Work Place Address** |  |  |
| **Academic / Professional Qualifications / Membership** |  |  |
| **Email Address** |  |  |
| **Telephone** |  |  |
| **Adviser’s Signature** | I **hereby confirm that I have undertaken to supervise the project mentioned above and I do certify that I am not a member of Project Examination Board (PEC) of BESTLINK** **Date : Date :** |