

# IBA ELP Review Status Form

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Group leader's Full Name

Group leader's ERP Code

ELP Section Code

Faculty Advisor

Company's Name

Project Name

Project Description

Company Representative

Representative's Contact

Representative's Email

Has the Mid-review presentation been carried out?

Yes  No

If Yes, date of Mid-Review Presentation (dd/mm/yy):

If No, expected date of Mid-Review Presentation (dd/mm/yy):

\_\_\_\_\_  
Signature & Date  
Group Leader

\_\_\_\_\_  
Signature & Date  
Faculty Advisor

\_\_\_\_\_  
Signature & Date  
Company Representative

Has the Final review presentation been carried out?

Yes  No

If Yes, date of Final Review Presentation (dd/mm/yy):

If No, expected date of Final Review Presentation (dd/mm/yy):

\_\_\_\_\_  
Signature & Date

\_\_\_\_\_  
Signature & Date

\_\_\_\_\_  
Signature & Date

**Group Leader**

**Faculty Advisor**

**Company Representative**