



BCS Higher Education Qualifications The Professional Project in IT

Project Proposal Form (to be completed by the candidate)

| | | | |
|--|------------|-------------------------------|--|
| Candidate Name | | | |
| BCS Membership Number | | | |
| Course Provider (if applicable) | | | |
| Project Level (tick as appropriate) | | | |
| Diploma | | Professional Graduate Diploma | |
| First Submission | | Re-submission | |
| Project Type (Tick one) | Individual | Group | |
| Project Title | | | |
| AUTHENTICATOR DETAILS | | | |
| Authenticator Name | | | |
| BCS Membership Number | | | |
| If the authenticator is not a BCS member, they must submit an up to date CV with their details. Please note that the authenticator must be an IT Professional (e.g. Manager, Supervisor or Tutor) with a minimum of 5 years managerial or project supervisory experience. | | | |
| Proposed Submission date (dd/mm/yyyy) | | | |
| Planned Project Submission date (dd/mm/yyyy) | | | |
| Please complete an outline of your proposal in the section below (no more than 500 words) | | | |
| | | | |
| Insert Actual Word Count | | | |

| | |
|--|--|
| For Office Use Only | |
| Authenticator Details have been checked and approved | |
| Re-submit authenticator | |
| Examiner Comments | |
| Proposal Approved | |
| Proposal Rejected – to be re-submitted | |
| Date Completed | |

Once completed, please return this form to exams@bcs.uk. Please note, this form will be returned to you if not completed fully (including signature and date) and may delay your application.