:

Name of the



Chittagong University of Engineering & Technology E-mail: dre@cuet.ac.bd; Website: www.cuet.ac.bd Phone: +8802334490113, Fax: 031-714910, PABX: 031-714920-22 (2180 & 2181)

Examination Board Approval Form

Application for the approval of M. Engg. Program (Project)

Examination Board

(According Act: 9.6.3)

Department/Insti	tute						
Details of Stude	nt:						
Student's Name		:					
Student ID		:			Session	n :	
Admission Status		:	Full time / Part time	(P	Put √ Mark)	
Date of First Enr	olment	:					
Student's Addres	SS	:					
Student Mobile N	No.	:					
Student Email ID)	:					
Supervisor Appo	intment	:	ACPGS/ACRS Reference	:			
			CHSR Reference	:			
			AC Reference	:			
Details of Superv	isor	:	Name:	:			
			Designation	:			
			Department / Institute	:			
Project Title		:					
Project Proposal Approval		:	ACPGS/ACRS Reference	:			
			CHSR Reference	:			
			AC Reference	:			
	D)e	tails of Completed Courses	by	the Stude	nt	
Course Code			Course Title		Credit Hours	Letter Grade	GPA (Published Result)
Signatui	re of Course	e (Coordinator		Signatuı	e of Tabul	lator
the political of the political polit					Signature of randiator		



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				by the Head of the Department/Supervisor		
Expe	ected	Date of Comprehensive	E	xamination :		
			P	roposed Examination Board		
Sl. No.		ľ	Na	me and Affiliation	Designation	
1.	Na	ame	:			
	De	esignation	:		Chairman (Supervisor)	
	Af	filiation	:		(Supervisor)	
2.	Не	ead of the Department/D	ctor of the Institute	Member (Ex-Officio)		
	Na	ame of the Department/I	itute:			
One	or T	Two teachers from with	in	the Department / Institute		
3.	Name				-	
Designa		esignation	:			
	Affiliation		:		Member (Internal)	
4.	Na	ame	:			
	Designation		:			
	Af	Affiliation				
One Univ			the	student's Department / Institute /		
5.	a.	a. Name			-	
	Designation Department/Institute		:		-	
			:		_	
		Affiliation	:			
	b.	Name	:			
		Designation	:		Member (External)	
		Department/Institute	:			
		Affiliation	:			
	c.	Name	:			
		Designation	:			
		Department/Institute	:		_	
		Affiliation	:			



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	To be filled up by the	ead of the Department/Su	pervisor after ACPGS/ACRS
Expe	cted Date of Examination	:	
ACPO	GS/ACRS Reference	:	
		Examination Board	
Sl. No.		Designation	
1.	Name	:	
	Designation	:	Chairman (Supervisor)
	Affiliation	:	(Supervisor)
2.	Head of the Department/I	Member	
	Name of the Department/	(Ex-Officio)	
3.	Name	:	
	Designation	:	
	Affiliation	:	Member
_	Name	:	(Internal)
	Designation	:	
	Affiliation	:	
	Name	:	
	Designation	:	Member
	Department / Institute	:	(External)
	Affiliation	:	

Signature & Date:

(Supervisor) (Head of the Department)