Name of the

Department/Institute



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. Sc., M. Sc. Engg. and M. Engg. Program **Examination Board** (According Act: 8.7.3)

Details of Student:						
Student's Name	:					
Student ID	:			Sessio	n   :	
Admission Status	:	Full time / Part time	(P	ut √ Mark	<b>(</b> )	
Date of First Enrolment	:					
Student's Address	:					
Student Mobile No.	:					
Student Email ID	:					
Supervisor Appointment		ACPGS/ACRS Reference	:			
		CHSR Reference	:			
		AC Reference	:			
Details of Supervisor		Name:	:			
		Designation	:			
		Department / Institute	:			
Thesis/Project Title	:					
Thesis/Project Proposal Approval		ACPGS/ACRS Reference	:			
		CHSR Reference	:			
		AC Reference	:			
	De	tails of Completed Courses	by 1	the Stude	ent	
Course Code	Course Title			Credit Hours	Letter Grade	<b>GPA</b> (Published Result)
Signature of Cours						



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Expe	cted	Date of Comprehensive	-	xamination :	sor		
			P	roposed Examination Board			
Sl. No.		]	me and Affiliation	Designation			
1.	Name Designation				Chairman (Supervisor)		
		filiation	:		(Supervisor)		
2.	Name						
	Designation Name of the				Member		
	Name of the				(Co-Supervisor)		
	Department/Institute: Affiliation						
			:				
3.	He	ead of the Department/D	Member (Ex-Officio)				
	Na	me of the Department/I					
One	or T	wo teachers from with	iin	the Department / Institute			
4.	4. Name		:				
	De	esignation	:		Member		
	Af	filiation	:		(Internal)		
5.	Name						
	De	esignation	:				
	Affiliation		:				
One Univ			the	e student's Department / Institute /			
6.	a.	Name	:				
		Designation	:				
		Department/Institute					
		Affiliation	:				
	b.	Name	:		Member (External)		
		Designation	:		(External)		
		Department/Institute	:				
		Affiliation	:				
	c.	Name	:				
		Designation	:				
		Department/Institute	:				
		Affiliation					



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To be filled up by the Head of the Department/Supervisor after ACPGS/ACRS **Expected Date of Examination** ACPGS/ACRS Reference **Examination Board** Sl. Name and Affiliation **Designation** No. 1. Name Chairman Designation (Supervisor) Affiliation 2. Name Designation : Member Name of the (Co-Supervisor) Department/Institute: Affiliation **3.** Head of the Department/Director of the Institute Member Name of the Department/Institute: (Ex-Officio) Name 4. Designation Affiliation : Member 5. Name (Internal) Designation Affiliation 6. Name Designation Member Department / Institute (External)

Signature & Date:

Affiliation

(Supervisor)

(Head of the Department)