

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 Ph. D. Program (Thesis)

**Examination Board** (According Act: C.11.3.6.1)

Name of the Department/Instit	ute	:						
Details of Student:								
Student's Name		:						
Student ID		:			Session	n :		
Admission Status		:	Full time / Part time	(	Put √ Mark	()		
Date of First Enrolment		:						
Student's Address		:						
Student Mobile No.		:						
Student Email ID		:						
Supervisor Appoi	ntment	:	ACPGS/ACRS Reference	:				
			CHSR Reference	:				
			AC Reference	:				
Details of Superv	isor	:	Name:	:				
			Designation	:				
			Department / Institute :					
Thesis Title		:						
Thesis Proposal A	Approval	:	ACPGS/ACRS Reference	:				
			CHSR Reference	:				
			AC Reference	:				
	Γ	)e	tails of Completed Courses	s by	the Stude	nt		
Course Code			Course Title		Credit Hours	Letter Grade	<b>GPA</b> (Published Result)	
		_						
Signature of Course Coordinator					Signatuı	e of Tabul	ator	



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		To be filled u	ıp l	by the Head of the Department/Supervisor	•
Expe	cted	Date of Comprehensive	e E	xamination :	
			P	roposed Examination Board	
Sl. No.		1	Designation		
1.		ame esignation	:		Chairman
		filiation	:		(Supervisor)
2.		ime	:		
		esignation	:		
		ame of the	:		Member
	De	epartment/Institute:			(Co-Supervisor)
		filiation	:		
3.	He	ead of the Department/D	ire	ctor of the Institute	
		ame of the Department/I	Member (Ex-Officio)		
T					, ,
		i nree  teacners irom w num Associate Professo		in the University who have Ph. D. degree	
4.		ime			-
4.		esignation	:		-
			:		_
5.	Affiliation Name				Member
3.		esignation	:		(Internal)
		filiation	:		-
6.	_	ıme	:		-
0.		esignation	:		_
		filiation	:		-
Two	- 1	nbers from outside the		nivorcity	
6.	a.	Name	; U.	inversity	-
0.	a.		•		_
		Designation	:		_
		Department/Institute	:		
		Affiliation	:		
	b.	Name	:		
		Designation	:		Member
		Department/Institute	:		(External)
		Affiliation	:		
	c.	Name	:		1
		Designation	:		1
					-
		Department/Institute	:		
		Affiliation	:		



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	To be filled up by the He	ead	of the Department/Supervisor afte	r ACPGS/ACRS	
Expected Date of Examination		•			
ACPGS/ACRS Reference		:			
			<b>Examination Board</b>		
Sl.	N	Designation			
1.	Name	1.			
1.		:		Chairman	
	Designation	:		Chairman (Supervisor)	
	Affiliation	:		(Supervisor)	
2.	Name	:			
	Designation	:			
	Name of the	:		Member (Co Supervisor)	
	Department/Institute:			(Co-Supervisor)	
	Affiliation	:			
3. Head of the Departmer		ect	tor of the Institute	Member (Ex-Officio)	
	Name of the Department/In	ute:			
4.	Name	:			
	Designation	:			
	Affiliation	:			
5.	Name	:			
	Designation	:		Member	
	Affiliation	:		(Internal)	
6.	Name	•			
	Designation	:			
	Affiliation	:			
7.	Name	:			
	Designation	:			
	Department/Institute	:			
	Affiliation	:		Member	
8.	Name	:		(External)	
	Designation	:		(======)	
	Department/Institute	:			
	Affiliation				

Signature & Date:

(Supervisor)

(Head of the Department)