**BANGLADESH UNIVERSITY OF ENGINEERING AND TECHNOLOGY, DHAKA**

**COMMITTEE FOR ADVANCED STUDIES & RESEARCH, BUET.**

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Application form for approval of **Board of Examiners for M. engg./ M. Engg.-ICT/ PG. Diploma by the Vice-Chancellor**. All the items of following list must be mentioned and filled up properly. **Please submit eighteen (18) copies in the full script plain paper with an electronic version** [one original and other 17 photocopies].

Date: -----------------------------

1. Name of the Student:------------------------------------------------------------------------- Status:----------------------------

Roll No. ---------------------------Session: ------------------------------ Dept./ Inst. -----------------------------------------

1. Date of the first enrolment:----------------------------------------- Name of the Program:-----------------------------------
2. Present Address: ----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------
3. Last date for the completion of the degree:--------------------------------------------- G.P.A.-------------------------------
4. Name of the Supervisor:---------------------------------------------------------Designation:---------------------------------
5. Title of the Project as approved by the CASR (Caps)---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------
6. Project proposal approved by the CASR Meeting No.------------------------------------------------------------------------

Resolution No. --------------------------------------------------- Date: ----------------------------------------------------------

1.
2. Time extension (if any) up to ---------------------------------------------------------------------------------------------------

Approved by the CASR Meeting No.-------------------- Resolution No.------------------------ Date:--------------------

1. Further time extension (if any) up to-------------------------------------------------------------------------------------------

Approved by the CASR Meeting No. -------------------- Resolution No.------------------------ Date: --------------------

1. BPGS/RAC Meeting No.---------------------------------- Resolution No.------------------------ Date:--------------------
2. List of courses (including project) taken with credit hours, Grade Points and G. P. A. (To be verified and signed by the Tabulator)

Course No. Courses Name Credit hours Grade Grade point G.P.A

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***[The student must earn a minimum GPA of 2.65 and that at the end of the second or any subsequent semester his /her cumulative GPA did not fall below 2.5]***

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Signature of the student Signature of the Tabulator

Date: ----------------------- Date: ------------------------------

 Name: -----------------------------

Full-Time

Part-Time

(Block Letters)

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11. Expected date of Examination------------------------------------------------------------------------------------------

12. Suggested Board of Examiners (with full address) -----------------------------------------------------------------

(i) Name ------------------------------------------------------------------- (Supervisor) Chairman

 Designation-------------------------------------------------------------

 Address-----------------------------------------------------------------

(ii) Name ------------------------------------------------------------------ (Co-Supervisor) Chairman

 Designation------------------------------------------------------------- (if any)

 Address------------------------------------------------------------------

(iii) Head of the Dept./Inst. ---------------------------------------------- Member

 Designation-------------------------------------------------------------

 Address------------------------------------------------------------------

(iv) Name ------------------------------------------------------------------ Member

 Designation-------------------------------------------------------------

 Address------------------------------------------------------------------

(v) Name ------------------------------------------------------------------ Member

 Designation-------------------------------------------------------------

 Address------------------------------------------------------------------

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Signature of the Supervisor Signature of the Head/Director

Date:------------------------------ Date:------------------------------

Name----------------------------- Name-----------------------------

**Approval/Comments of the Vice-Chancellor:**