

**BANGLADESH UNIVERSITY OF ENGINEERING AND TECHNOLOGY, DHAKA**  
**OFFICE OF THE MEMBER SECRETARY OF THE COMMITTEE FOR**  
**ADVANCED STUDIES & RESEARCH, BUET, DHAKA.**

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**Application for the approval of Board of Examiners** for the Examination of M. Sc. Engg., M. Sc., M. Arch., MURP, M. Phil, Doctor of Philosophy (Ph. D). All the items of following list must be mentioned and filled up properly. **Please submit eighteen (18) copies in the full script Plain paper.** [One original and other 17 photocopies].

Date : -----

1. Name of the student : \_\_\_\_\_  
(Block Letters) Status Full-Time  
Part-Time  
Roll No. \_\_\_\_\_ Session \_\_\_\_\_
2. Present Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Name of the Department \_\_\_\_\_
4. Date of First Enrolment into \_\_\_\_\_ Programme
5. Title of the Thesis as approved by the CASR (Caps) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Thesis Proposal Approved by the CASR Meeting No. \_\_\_\_\_  
Resolution No. \_\_\_\_\_ Date \_\_\_\_\_
7. Doctoral Committee Approved by the CASR Meeting No. \_\_\_\_\_  
Resolution No. \_\_\_\_\_ Date \_\_\_\_\_
8. (a) Final title of the thesis if there is further any change from the item-5 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(b) Reasons for the change: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. List of courses (including thesis) taken with credit hours, Grade Points and G. P. A (To be verified and signed by the Tabulator)  

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

\_\_\_\_\_  
Signature of the Tabulator

10. Name and Address of the Thesis Supervisor \_\_\_\_\_  
\_\_\_\_\_

11. Name and address of the Co-Supervisor (if any) \_\_\_\_\_  
\_\_\_\_\_

12. Time Extension (if any) Approved by the CASR Meeting No. \_\_\_\_\_  
Resolution No. \_\_\_\_\_ Date \_\_\_\_\_

**Date**-----

\_\_\_\_\_  
**Signature of the Student**

**To be filled up by the Supervisor**

13. Expected date of Examination \_\_\_\_\_

14. Suggested Board of Examiners (with full address) \_\_\_\_\_

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

(ii) Name ----- (Co-Supervisor) Member  
(if any)  
Address -----  
-----

(iii) Head of the Dept. ----- (Ex-Officio) Member  
Address -----  
-----

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

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

(vi) Name ----- Member  
Address -----  
-----

(vii) Name ----- Member (External)  
Address -----  
-----

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**Signature of the Head of the Department**  
**Date:** -----

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**Signature of the Supervisor**  
**Date:** -----