



GAZIPUR AGRICULTURAL UNIVERSITY (GAU)
Gazipur 1706

PROPOSAL FOR ADVISORY COMMITTEE

Program of Study: MS PhD

Name of Student _____

Registration Number _____

Term of Admission _____ Term of Submission _____

Major Department _____

Advisory Committee:

Major Discipline	Name & Designation	Address	Signature & Date
Major Professor			
Research Supervisor (if any)			
Members			

**Minor Discipline:
Members**

Signature of Head of the Department

Name _____

Date _____