



GAZIPUR AGRICULTURAL UNIVERSITY (GAU)  
GAZIPUR 1706, BANGLADESH

### Course Adding Form

Name of the Student..... Registration No. ....

Major Department ..... Term..... Year .....

Course Number	Course Title	Credit Hour	Signature of Course Instructor	Remarks

Signature of the Student with Date .....

Approved by:.....

\_\_\_\_\_  
Major Professor

\_\_\_\_\_  
Department Head

\_\_\_\_\_  
Dean, Faculty of Graduate Studies

N.B.1. **White Copy** for Student's file. 2. **Green Copy** for Student 3. **Blue Copy** for Department Head 4. **Pink Copy** for Major Professor and 5. **Yellow Copy** for Tabulator