



GAZIPUR AGRICULTURAL UNIVERSITY (GAU)
Gazipur 1706

Course Management*

Term: Summer/Autumn/Winter

1. Name of the Instructor (s) :
2. Course Number and Title :
3. Total Number of Students of the Course :
4. Date of Distribution of Course Schedule :
5. Total Number of Classes Taken :
6. Mid Term Examination held on :
7. Number of Quizzes Taken :
8. Final Examination held on :
9. Whether Term Paper/Assignment was given : (Yes / No)
10. Student's Attendance Register maintained : (Yes / No)
11. Grade Report Submitted on :

Signature of the Instructor

Date:

Signature of the Head of the Department

Date:

Submitted To:

Dean, Faculty of Graduate Studies, GAU.

* This form will be filled up by the respective course instructor.