GAU Form No. A-6

GAZIPUR AGRICULTURAL UNIVERSITY (GAU)

Gazipur 1706

PROGRAM OF STUDY

MS ☐ **PhD** ☐

Name of Student_____

Registration No. _____

Term of Admission_____ Term of Submission_____

Major Department_____

Course Code	**Major Courses**	Credit Hours	Course Code	**Minor Courses**	Credit Hours
	Core			Core	
	Title			Title	
Elective			**Elective**		
Total Credit hours					
Grand Total Credit hours					

Approved Date_____

Signature of the Major Professor
Name:_____

Signature of the Research supervisor (if any)
Name:_____

Committee Members (Major Discipline)

_____

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Committee Members (Minor Discipline)

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Head of the Department

Dean, Faculty of Graduate Studies