GAZIPUR AGRICULTURAL UNIVERSITY (GAU)

Gazipur 1706

THESIS/DISSERTATION PROPOSAL

MS ☐ **PhD** ☐

Name of Student_____

Registration No._____ Term of Admission :_____

Major Department_____

Thesis/Dissertation Title_____

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_____

Approved Date_____

_____ ___ _____

Signature of Major Professor
Name_____

Signature of Research Supervisor (if any)
Name_____

Committee Member (Major Discipline)

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Committee Member (Minor Discipline)

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Signature of Head of the Department
Name :

Dean, Faculty of Graduate Studies
Date_____

A Synopsis of the study approved by the student's advisory Committee should be enclosed.