

COURSE PROGRAMME

Department: College:

Name of the Student: Mr. / Miss

Id. No..... Degree Programme:

Major Minor.....

Admission (Semester)..... (Year)

S. No.	Course No.	Course Title	Credit hours	Sub-total
(A) Core Courses-major				
(B) Core courses- minor				
(C) Basic Supporting Courses				
(D) Deficiency Courses				
(E) Non-credit Compulsory courses				
(F) Thesis Research				
Total-				

Please see overleaf

Thesis Title: _____

Advisory Committee

Certified that the above course programme has been thoroughly examined by the members of Advisory Committee and it has been prepared in accordance to the Academic Regulations.

Chairman Advisory Committee

Sign.-

Name-

Designation-

Members

Signature-

Name-

Designation-

Signature-

Name-

Designation-

Signature-

Name-

Designation-

Signature-

Name-

Designation-

Recommendations/Comments/Approval

Head of the Department

Dean of the College

Dean Post Graduate studies