Form No. A-6
Form No. A-6 (Old)

BANGABANDHU SHEIKH MUJIBUR RAHMAN AGRICULTURAL UNIVERSITY
Gazipur 1706

PROGRAM OF STUDY

MS ☐ **PhD** ☐

Name of Student_____

Registration No. _____ Term of Admission_____

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 Major Professor
Name:_____

Committee Members (Major Discipline)
_____
_____
_____
_____

Signature of Research supervisor (if any)
Name:_____

Committee Members (Minor Discipline)
_____
_____
_____
_____

Head of the Department

Dean, Faculty of Graduate Studies