## Application for Graduation and Award of Degree

To The Controller of Examinations Chittagong University of Engineer	ring and Technology, C	hattogram-4349.		
Having fulfilled the prescribed req	그 [전기 개 기 교육 ] 승규가			
Bachelor of Science inI hereby apply for award of the de		e as follows:		
Name in English (BLOCK LETTERS)				11
বাংলায় নাম (স্পষ্টাক্ষরে)				
Student Number				
Total Credits Earned		rade form average		
Session of Graduation		Date II A		
Date of fulfilling the Degree Road Announced date of issue of Final	irements Trade Shoets (Graduati	ng Tema)	2 (200) (100	
I enclose all my Provisional Grade	Sheets in original.			
Date			Signature of Stu	udent
The above information with organized that he captified that he cap	a provisional grade ist	neets issue of the	gent has been verifie	d and
certified that he/ she has fulfilled a  Bachelor of Science in	whe prescribed rectiff	ements of the decree		
		\ 倒		
			Head of the Depart	tment
Date	Name OOL			
XXX60	Ma Livio	Department of	More	
<ul> <li>This application should be submitted along with related obtained grades prescribed form is available at the Completed application must be seen as a seen</li></ul>	led in prescribed form and all the provisional gradepartment.	ade sheets issued by Co	100	. The
Note for the Head of the department • Please check the completeness of the	그 병사를 맞아하고 뭐 없네 보다.		경기가 하시네요 그 이 없다	,51011.
<ul> <li>Please verify the Statement of Cou Sheets and the specific requiremen</li> <li>Please certify and submit the comp</li> </ul>	rses and Grades submittents of the degree applied f	ed by the student with or.	the original Provisional	Grade
	lled by Controller of E			
Signature of Asstt. Controller of Examinations		Deput	Signature of cy Controller of Examinat	tions

Department of Chittagong University of Engineering & Technology  Statement of Courses and G		2 Copies Passport Size Photo							
For the Award of the Degree of Bachelor of Science in									
(To be filled up by the Stud	dent)								
Name of Student (Block Letters)									
Name of Head of the department (Block Letters)									
Student ID Number									
	Point Ave	erage	, [						
Session of First enrollment in B.Sc. Engg. Program	Mont	] h	Year						
Date of Commencement of Class	Mont	] :h		1	Year				

Year

Month

This Statement of Courses and Grades consists of the three sections-A, B and C.

- a) The students will fill up sections A and B only.
- b) The Head of the department will fill up section C only.

Date of fulfilling the Requirements for the Degree (Date of last examination)

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			Studen	it ID Num	ber							
	Section	n-A										
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Department of	
Student ID Number	

Section-A Contd.

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Course	Credits	Grade	Course	Credits	Grade	Course	Credits	Grade	Course	Credits	Grac
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Signature of the Student Name :

Date

	Dep	artmei	nt of							_	
		Studen	t ID Num	lber							
Section	ı-B										
redits ear	ned in cou	rses taken	from each	group of s	ubjects:			*			
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C HUMA	NITIFS	Minimum	requireme	nt : 9 Cred	its)						
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Signature of the Student Name :

Date

	Dep	artmer	nt of_								
		Studen	t ID Num	iber							
Sect	ion-B C	ontd.									
F. Option	al Courses										
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Course	Credits	Grade									27 2.
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Credit ea	arned in I		30	pervisor .							
(if any)											
	completed						Perf	ormance: 5	Satisfactor	y/Unsatisfa	ctory
Year of T	raining	: —	r	Ouration _	v	Veeks			A STANCE OF THE		

Signature of the Student Name :

Date

De	partment of									
Section-C	Section-C For Office Use									
(To be filled up by the Head of the department)										
Name of Student										
Student ID Number										
Credits Earned (minimum requirement : 155 Credits)										
CGPA	(minimum requi	rement : 2.25)								
Date of Commencement	of Class	Month	Year							
Date of Last Examination	n	Month	Year							
Terms discontinued/Lost	: Session	Odd/	Even							
	1. 2. 3.									
The student has fulfilled the years from the date of first e	4.  above requirements within the nrollment.	e stipulated max	imum period of 07 academic							
Additional Term (s) [if requi (In this case the letter of app	red] in excess of 7 (seven) Acroval must be enclosed herew	ademic years th)								
Date	Signature of the	Head of the De	partment							
	Name of the Hea	d								
	Department									