

KHULNA UNIVERSITY OF ENGINEERING & TECHNOLOGY
KHULNA 9203

Application for the Approval of Thesis/Project Proposal for the Degree of
M.Sc./M.Sc. Eng./M. Phil/Ph.D. Degree.

(Approved by 45 CASR)

1. Name of the student (In English) :
(In Bengali) :
Roll No. :
Enrollment Semester :
Status : Full Time/Part Time

2. Present Address :
(Mailing/Contact Address in detail)

3. Name of the Department :
4. Name of the Program :
5. Credit-hour of Thesis/Project :

6. Date of First Enrollment in this Program :

7. Name, Designation & Department
of the Thesis/Project Supervisor :

8. Title of the Thesis/Project (Tentative) :

9. State-of-Art of the Proposed Research Topic
(Brief background and scope of the research
work in 400 to 800 words) :

10. Objectives of the Research Work (Within 150 words):

11. Research Methods (Brief description within 400 words):
12. Expected Results:
13. References (Not more than 10 Nos):
14. List of courses taken so far:

Sl. No.	Course No.	Title of the Course	Credit Hours	Letter Grade	Grade Point	Grade Point Average
1.						
2.						

15. Total Credit-hours completed so far (Theory):

Signature of the Course Coordinator

16. Estimated Cost:

A. Materials

Cost in Taka

- 1.
- 2.

B. Equipments

- 1.
- 2.

C. Labour and Others

- 1.
- 2.

D. International Conference in Bangladesh

(Maximum amount, Tk. 10,000)

1. Registration Fee
2. Conveyance (Actual Cost in Bus/Train/Vessel)

E. Thesis/Project Typing, Printing and Binding

M.Sc./M.Sc. Eng. (Maximum amount, Tk. 3,000)

M.Phil (Maximum amount, Tk. 3,500)

Ph.D. (Maximum amount, Tk. 5,000)

F. Miscellaneous: (Maximum amount, Tk. 5,000)

_____ Total (in figure) =

Total (in word):

Signature of the Student

For official use only

17. Is the Proposal related with the UGC funded research project? Yes/No
(If yes, fill up the following)

Title of the Project:

Financial year:

18. No. of post graduate students presently working with the Supervisor:

19. Name and Designation of the Joint Supervisor/Co-Supervisor (if any):

20. Justification of having Joint Supervisor/Co-Supervisor:

21. Date and Resolution No. of the Meeting of ACPG/DSC:

Meeting No. Date Resolution No.

Signature of the Joint Supervisor/Co-
Supervisor (If any)

Signature of the
Supervisor

Signature of the Head of
the Department