

# Central University of Science & Technology (CUST)

Plot: 1/9, Road: 2, Block: D, Section: 15, Mirpur, Dhaka-1216, Bangladesh

## Registration Process Form for Dissertation / Internship / Project / Thesis

**1. To be completed by the Student:** Date of Submission to Dept.:

Student Name: ..... ID No.:

Department: ..... Program: .....

Major: ..... Semester: ..... Credit: .....

E-mail Address: ..... Cell No. ....

**Tick (✓) the appropriate box below:**

Dissertation  Internship  Project  Thesis

**Declaration:** I hereby declare that all information given above are correct.

\_\_\_\_\_  
Student's Signature with Date

**2. To be completed by Department Program Coordinator:** The detail student information given above are correct. The minimum credits required for registering Dissertation/ Internship/ Research Monograph/ Project / Capstone Project/Thesis, Research Monograph is ..... S(H)e has already completed ..... credits and s(h)e is in fall of ..... credits from minimum requirement.

**Recommendation:** The student can complete registration process following regular rules/special permission from the chairperson of the department.

\_\_\_\_\_  
Name & Designation of Program Coordinator

\_\_\_\_\_  
Signature & Date

**3. To be completed by the Accounts Section before Defense Presentation/Viva-Voce:**

There is no outstanding dues for the student mentioned above till to date.

An amount of Tk. .... is due till today.

\_\_\_\_\_  
Accounts Office Seal  
Signature & Date

\_\_\_\_\_  
Name & Signature  
of Supervisor with Date

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## 4. To be completed by Supervisor

Topic of the Dissertation / Internship / Thesis / Project

.....  
.....

Name and Address of the organization where s/he has done his/her Dissertation / Internship / Thesis / Project

.....  
.....

Internship/ Dissertation/ Thesis/ Project Registration Date: .....

Report Submission Date: .....

Supervisor Name: ..... Designation: .....

Grade Achieve: Credit: ..... Grade: ..... GPA: .....

All information given  
Above are correct.

Approved

Not Approved

\_\_\_\_\_  
Supervisor Signature & Date

\_\_\_\_\_  
Chairman Signature & Date

Approved

Not Approved

\_\_\_\_\_  
Controller of Examination Seal  
Signature & Date

Student Copy  Department Copy  Accounts Copy  Controller of Exam  Supervisor