



# Green University of Bangladesh

## Registration Process Form for Dissertation / Internship / Research Monograph / Project / Capstone Project/ Thesis

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

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

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

Major: ..... Semester: ..... Present CGPA: .....

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

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

Dissertation  Internship  Research Monograph  Project  Capstone 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

**I agree / don't agree with the recommendation of Program Coordinator.**

\_\_\_\_\_  
Chairperson  
Signature & Seal

**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

\_\_\_\_\_  
Name and Signature of

**4. To be completed by Supervisor**

Topic of the Dissertation / Internship / Research Monograph / Thesis / Project / Industrial Training.....

.....

Name and Address of the organization where S/he has done his/her Dissertation / Internship / Research Monograph / Thesis / Project / Industrial Training.....

.....

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Internship/ Dissertation/ Thesis 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:

\_\_\_\_\_  
Chairperson/Dean  
Signature with Seal

Approved  Not Approved

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

Student Copy  Department Copy  Account Copy  Controller of Exam  Supervisor