

APPROVAL OF REQUEST FOR ATTENDING PhD COURSE(S) IN OTHER INSTITUTES OF NUST

Institute: _____

PART-I (To be Filled by the Institute)

1.	Name of Student:				Registration No.				
2.	Nos of course studied already in other institute	Core	Elective	Additional	Name of the supervisor:				
3.	Course(s) Recommended by College/Institute:				Signature of Student with date				
S./No	Name of College/School/Centre	Name of course(s) with code			Duration of the course(s)		Is the recommended course(s)		
		Course Code	Course Name	Credits	From	To	Core course(s) ¹	Elective course(s) ¹	Additional course(s) ²
1									
2									

Recommendations by the GEC's members and supervisor

GEC Member a. _____ b. _____ c. _____

Signature/Name of Supervisor: _____

Date: _____

¹The recommended course(s) should be as per the approved WP of the PhD program

²Not to be counted towards PhD coursework and CGPA calculation

Note: The recommended course(s) should be approved WP of the PhD program.

COUNTERSIGNED BY PRINCIPAL/HOD/DEAN/COMDT

PART-II (RECOMMENDATION BY PGP DTE, MAIN OFFICE NUST)

<u>Recommended/Not Recommended</u>	<u>Recommended/Not Recommended</u>	<u>Approved/Not Approved</u>
_____ AD PhD, PGP	_____ DD PhD, PGP	_____ Director, PGP
Dated: _____	Dated: _____	Dated: _____