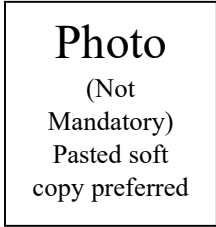# DEPARTMENT OF MPE / EEE / CSE / CEE / TVE / BTM

Date:

Registrar
Islamic University of Technology
Board Bazar, Gazipur, Bangladesh

Through: Head, Department of _____

Subject: Course Registration for ☐ **Winter** / ☐ **Summer** Semester of A. Y. **20**…......**-20**…......for ☐**MSc.** / ☐**Ph.D.** in _____Programme as a ☐**Part-time** (6 to 9 credits allowed in each semester) / ☐**Full-time** (9 to 12 credits in each semester and must register in every semester until graduation)

Dear Sir,
I would like to register the following courses in this semester (selected by signing).

Course Code	Course Title	Course Teacher	Credit Hours	Signature of the Student

I hope that you would allow me to register the above courses and oblige thereby.
I have completed _____ credits out of 36 (Masters) / 54 (PhD) and paid US$ _____ until now.
My respected approved supervisor is _____
Signature of Supervisor _____

Sincerely Yours,

Student's Name:_____ Student No.: _____

Contact No:_____ E-mail:_____

Recommended to allow him/her to register _____ credits.

_____
Head, _____ Department

Credits	Fee per credit (US$)	Total fee payable for this semester (US$)
	55.00	

(N.B.: Pay the amount to relevant IUT bank account and then collect receipt from IUT Accounts Office. Then submit this form with copy of payment receipt to Registrar's Office, also email a scan to admission@iut-dhaka.edu by mentioning your student no. and preserve all the forms and receipts for future official requirements.)

_____
REGISTRAR