**PGS – 5** *(in quadruplicate)*

**COURSE PROGRAMME**

Department: …………………………………….. College: …………………………………

Name of the Student: Mr. / Miss ……………………………………………………………….

Id. No……………………. Degree Programme: ……………………………………………

Major …………………………………… Minor ..…………………………………..….

Admission ………………………. (Semester)………………………….. (Year)

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| **S. No.** | **Course No.** | **Course Title** | **Credit hours** | **Sub-total** |
| 1. **Core Courses-major**
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| 1. **Core courses- minor**
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| 1. **Basic Supporting Courses**
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| 1. **Deficiency Courses**
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| 1. **Non-credit Compulsory courses**
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| 1. **Thesis Research**
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| **Total-** |  |  |  |  |
|  |  |  | ***Please see overleaf*** |

**Thesis Title**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Advisory Committee**

Certified that the above course programme has been thoroughly examined by the members of Advisory Committee and it has been prepared in accordance to the Academic Regulations.

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|  | Chairman Advisory Committee Sign.-Name-Designation- |
|  **Members**Signature-Name-Designation- | Signature-Name-Designation- |
| Signature-Name-Designation- | Signature-Name-Designation- |

**Recommendations/Comments/Approval**

|  |  |
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| **Head of the Department** | **Dean of the College** |

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| **Dean Post Graduate studies** |