



NUST School of Electrical Engineering and Computer Sciences

A center of excellence for quality education and research

Attending Course at SEECs

Performa for PhD students

Student Name: _____ Reg No: _____

Discipline: _____ College/University: _____ Contact No _____

Course to attend: _____ Course offered to: _____

Course Duration: From _____ To _____ Course Fee: _____

If fee waved off :

Waving off Authority _____ Signature: _____

Date: _____

Student Signature: _____

Remarks by Course Instructor/Advisor: (Advisor Sig are compulsory for only PhD/research students)

Name of Instructor: _____ Name of Advisor: _____

Signature with Date: _____ Signature with Date: _____

Graduate Examination Committee (GEC) Members recommendation:

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |

Remarks By Respective HoD:

Signature:
Date: _____

Remarks By Training Manager:

Signature:
Date: _____

Remarks By DCE:

Signature:
Date: _____

Approved/Not Approved

Respective S. HoD Signature

Date: _____

NOTE: Complete form should reach to Academic Coord Branch a week before the commencement of the semester.