

National University of Science & Technology, Islamabad**PGP Directorate****REQUEST FOR ATTENDING PG COURSES(S) IN OTHER INSTITUTIONS OF MUST**

1.	Name of Student / Registration No.		2. Discipline.			
3.	Name of the Supervisor:					
4.	Recommended by (Institute):					
Name of Course(s) with Code		Institute	Semester Fall / Spring / Summer (year)	Category of Course (s) (Initial any one)		
Code & Name	Credits			Core	Elective	Additional

Note: Credits of **Additional Course** will not be counted towards calculation of CGPA.

Date _____

Signature of Student

Recommended / Not Recommended. Course is included in the curriculum of MS/ PhD Program of above student

Signature of HoD of Institute (with Stamp)

Date _____

5. Certified that Course _____ is included in curriculum of MS/PhD _____

DD Acad (PG)

Date _____

6. Approval to attend the course at _____ (Recommended / Not Recommended)

DD (M) PGP

Date _____

7. **Approved / Not Approved**

Director (PGP)

Date _____