

\_\_\_\_\_ Term  
**Option Form for Thesis Supervisor Selection**

FORM C

Name of the Student: \_\_\_\_\_

<b>Student Number:</b>							
------------------------	--	--	--	--	--	--	--

<b>Name of the Supervisor</b>	<b>Choice Rank</b>
Prof. Dr. A. K. M. Bazlur Rashid	
Prof. Dr. Md. Aminul Islam	
Prof. Dr. Md. Moniruzzaman	
Prof. Dr. Ahmed Sharif	
Prof. Dr. Fahmida Gulshan	
Prof. Dr. Kazi Md. Shorowordi	
Prof. Dr. Mahbub Hasan	
Prof. Dr. Mamun Al Rashed	
Prof. Dr. Md. Muktedir Billah	
Mr. Md. Miftaur Rahman	
Dr. Takian Fakhrol	
Dr. Muhammad Usama Hasan	

Signature of the Student: \_\_\_\_\_

Mobile: \_\_\_\_\_

Date: \_\_\_\_\_