

APPLICATION FORM FOR EQUIVALENCE OF BACHELOR'S DEGREE

To be filled in by the applicant

Particulars of applicant		
1.	Name (in block letters)	
2.	Mailing address	
3.	Telephone :	Fax : E-mail :
4.	Purpose for which this equivalence is sought :	
5.	BUET Degree for which Equivalence is sought :	
6.	Name of the BUET department for which equivalence is sought :	

Particulars of the degree earned for which equivalence is sought :		
7.	Name of the degree	
8.	Name of degree in English (if any)	
9.	Name of the Institution	
10.	Name of Faculty/Division (as applicable)	
11.	Name of the Department	
12.	Name of the Country	
13.	Entry requirements for the degree : i. Duration of pre-degree schooling ii. Name of the last public examination	
14.	Prescribed Duration of study	
15.	Date of first enrolment	
16.	Date of completion	
17.	Total period of study	
18.	Date of award of the degree	
19.	Credit and Contact Hours Requirements on :	Total Credit Hours Total Contact Hours
	a) Departmental courses	
	b) Allied courses	
	Grand Total	

Particulars of documents submitted**	
20. Please tick (✓) the items you have submitted with the application :	
(a) Attested photocopy of Original certificate in language other than English	<input type="checkbox"/>
(b) Attested photocopy of Original certificate in English	<input type="checkbox"/>
(c) Attested photocopy of Provisional certificate (if Original is not available)	<input type="checkbox"/>
Note : All originals have to be produced in the office of the Dean, Faculty of Engineering.	
21. Please tick (✓) the items you have submitted and fill up as appropriate :	
(a) Marksheet in English	<input type="checkbox"/> Number of pages _____
(b) Transcript in English	<input type="checkbox"/> Number of pages _____
(c) Marksheet in original other than English	<input type="checkbox"/> Number of pages _____
(d) Transcript in original other than English	<input type="checkbox"/> Number of pages _____
22. Please tick (✓) the items you have submitted with the application :	
(a) Official document stating prescribed duration of study for the degree	<input type="checkbox"/>
(b) Official document stating entry requirement for the degree	<input type="checkbox"/>
(c) Official document detailing the syllabus, credit hours and contact hours for different courses (if any)	<input type="checkbox"/>
(d) Photocopy of the title and abstract of thesis/project/dissertation in original language and in English.	<input type="checkbox"/>
23. Describe any other document you have submitted with this application:	
(a) _____	
(b) _____	
(c) _____	

I certify that statements mentioned above are correct and true to the best of my knowledge.

**Note : Failure to submit any of the documents asked for in (20) to (22) will lead to rejection or delayed processing of the application.

Signature of the applicant

To be filled in by the Equivalence Committee

Ref. No : _____ Date of Decision : _____

Date of Meeting(s) of the Equivalence Committee : _____

Sent/Referred by : _____

Purpose of Application :

Candidate for BUET teaching post - ☐ Candidate for Higher study ☐

Candidate for BUET Officer ☐ Candidate for Govt. /Public sector employment ☐

Others _____ ☐

Fee Deposited (TK. _____) ? Yes/No/Not Applicable.

Is the institution recognised ? Yes/No

The Originals of all the documents checked ? Yes/No

if yes, checked by : Name _____

Signature _____

Date _____

Comment of the Committee (if any) :

Decision of the Committee

Signature of the Members of the Committee