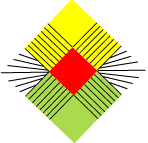
**State University of Bangladesh**

**Department of Public Health**

**Master of Public Health**

**Registration Form**

Student’s ID number: …………………………………………………………………..……………………

Name of the Student: ……………………………………………………………..………………………..

Name of the Guardian: …………………………………………….…………….…………………………

Contact No. of the Guardian: ……………………………………

Relationship with the guardian: 🞎Father 🞎Mother 🞎 Other (specify)……………………..

Contact No. of the Student: ………………………………... E-mail: ……………………..……..…………

Semester: 🞎Spring 🞎Summer 🞎Fall Year: ………………...............

Major Area: …………………………………..………Total Credit Hours completed ……………..………

Course’s to be taken:

|  |  |  |
| --- | --- | --- |
| **Course Code** | **Course Title** | **Credit Hours** |
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|  |  |  |
|  | **Total Credits Hours:** |  |

Signature of the Student with date

Signature of the Course Advisor with date Signature of Head of the Department with date