Student on Duty (SoD) or Teaching Assistant (TA) or Research Assistant (RA) Application Form\*

|  |  |  |
| --- | --- | --- |
| Year: | Semester: | |
| Name: | ID: | Major: |
| Email: | Mobile: | |
| CGPA: | Credits Completed: | |
| Task Description: | | |
| Proposed Working Hours Per Week: | | |

|  |  |
| --- | --- |
| Applicant’s Signature: | Date: |
| Supervisor: | |
| Supervisor’s Signature: | Date: |

**For office use only**

Approved / Not Approved Signature of Head of CSE Dept.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments (if any):

\* Complete this form and submit this at the CSE department office (Room# 5001).