



# Department of Electrical & Electronic Engineering Independent University, Bangladesh

## SoD/TA Application Form

Spring / Summer / Autumn 201\_\_\_\_\_

Student's Name \_\_\_\_\_ ID \_\_\_\_\_ Major \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail: \_\_\_\_\_

Credits Completed \_\_\_\_\_ Currently Enrolled \_\_\_\_\_ CGPA \_\_\_\_\_

### Course Code & Title Applied for SoD/TA

1<sup>st</sup> Choice Course code \_\_\_\_\_ Title \_\_\_\_\_

2<sup>nd</sup> Choice Course code \_\_\_\_\_ Title \_\_\_\_\_

3<sup>rd</sup> Choice Course code \_\_\_\_\_ Title \_\_\_\_\_

### Related Courses Studied

Title \_\_\_\_\_ Code \_\_\_\_\_ Grade \_\_\_\_\_

Title \_\_\_\_\_ Code \_\_\_\_\_ Grade \_\_\_\_\_

Title \_\_\_\_\_ Code \_\_\_\_\_ Grade \_\_\_\_\_

### Specify course name & semester, if you were the SoD/TA of previous terms

(1) Course code \_\_\_\_\_ Semester \_\_\_\_\_ Year \_\_\_\_\_

(2) Course code \_\_\_\_\_ Semester \_\_\_\_\_ Year \_\_\_\_\_

(3) Course code \_\_\_\_\_ Semester \_\_\_\_\_ Year \_\_\_\_\_

### Proposed Working Hours Per Week (1) 10 Hrs / week (2) 20 Hrs / week

Academic Advisor's Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

#### For office use only

Approved / Not Approved Signature of Head \_\_\_\_\_

Comments (if any) \_\_\_\_\_