

# REQUEST FOR THEMATIC ELECTIVES REGISTRATION

Date:..... ST/14/AR/14

Postgraduate Institute of Archaeology (PGIAR)

1. Student Number #. . . . . 2. Name with Initials: . . . . .

3. NIC/Passport # . . . . . 4. E-mail: . . . . . 5. Contact phone: . . . . .

6. Academic year: . . . . . 7. Semester: . . . . . 8. Course Fees paid: Rs. . . . .

9. Thematic Elective number, title and the tutor:

9.1. TE#

9.2. TE#

9.3. TE#

9.4. TE#

10. Approved research topic or the tentative research topic:

11. **Student's signature:** . . . . .

**Advise to student:** for easy and quick processing of this form you may approach a member of the GRC and get her/his signature below.

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## For Office Use

A. Graduate Review Committee (GRC) member name and signature:

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**Dear student, following Thematic Electives and tutors have been approved for you:**

TE#..... with .....; TE#..... with .....

TE#..... with .....; TE#..... with .....

**AR/Academic signature:** . . . . . **Date:** . . . . .