

Leading University Course Distribution List

ROF-20

Department: Trimester/Semester: Faculty Member: Regular/Adjunct Date:

Designation:			Name:	Contact:	Email:				
SI	Program	Course Code Theory/Sessional	Course Title (Theory/Sessional)	Offererd Semester/Trimester	Cr. Hr.	No. of Classes	Sec.	Expected Students	Remarks
1									
2									
3									
4									
5									
6									
7									

Designation:			Name:	Contact:		Email:			
SI	Program	Course Code Theory/Sessional	Course Title (Theory/Sessional)	Offererd Semester/Trimester	Cr. Hr.	No. of Classes	Sec.	Expected Students	Remarks
1									
2									
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7									

Des	signation:		Name:	Contact:		Email:			
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1									
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7									