

Application for Makeup Exam

Name				ID			Filled by Student	
Faculty			Exam					
Subject			Section					
Teacher			Semester					
Reason								
			Student's Signature			Date		Filled by Teacher
Course Teacher's Recommendation	<input type="checkbox"/> Recommended (without fine) <input type="checkbox"/> Recommended (with fine) <input type="checkbox"/> Not Recommended		If Recommended, Date of Exam Time of Exam	Schedule		Set		
						<input type="checkbox"/> B <input type="checkbox"/> C		
Date			Teacher's Signature					
Approved	<input type="checkbox"/> Approved (without fine) <input type="checkbox"/> Approved (with fine) <input type="checkbox"/> Not Approved		If approved with fine	Then amount of fine	In words			Filled by Officials*
				Tk.	Taka			
Date			Approved by * Signature					

*Officials: Respective Head of Department / Program Director / Associate Dean / Dean

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Exam Date: Set B/C exam must be taken within 7 days from last day of regular exam schedule

- Please attach photocopy of your exam permit and supporting documents (i.e. Medical documents, Exam Schedule, etc.), if applicable.
- In case of lost permit, submit account clearance.
- Please bring your permit along with this approved application.
- All the documents must be attached with the answer script after the exam.

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			Student's Signature			Date		
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Approved	<input type="checkbox"/> Approved (without fine) <input type="checkbox"/> Approved (with fine) <input type="checkbox"/> Not Approved		If approved with fine	Then amount of fine	In words			Filled by Officials*
				Tk.	Taka			
Date			Approved by * Signature					

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Accounts Copy should be kept with the Officials and will return to the Accounts Section