		Арр	olication for Makeup Exam							
Name	SAD	IK, A.T.M. SHIBLE				ID 16-31339-1				
Faculty	Facu	lty of Sciences and Information Technology	▼	Exam	al					
Subject	NET	WORK SECURITY		Section B						
Teacher	SHA	HRIN CHOWDHURY		Semester Spring						
Reason	Othe	r (Please specify)	Attended National Inter University Programmin			ng Contest at SUST				by nt
			Student's Signature			Dat	e	28-Арг	r-19	Filled by Student
Course Teache	,		If Recommended,	Schedule			Set			
Recommendati	ion	☐ Recommended (with fine) ☐ Not Recommended	Date of Exam Time of Exam				AM / PM		□ B □ C	by er
Date			Teacher's Signature						Filled by Teacher	
Approved		☐ Approved (without fine)	If approved with fine	Then amount of fine In words						
		☐ Approved (with fine) ☐ Not Approved		Tk.	Tk. Taka				Filled by	
Date		п постронее	Approved by * Signature					_		
EC/FORM/1215			TONAL UNIVERSITY-I Dication for Makeup Exam	BANGLAI	DESH (A	IUB)	16-3	1339-1	[Student's	s copy]
Faculty		ty of Sciences and Information Technology	₹	Exam	Fina		1.00	1007 1	▼	-
Subject	1	VORK SECURITY		Section					d by	
-		HRIN CHOWDHURY		Semester					Filled by Student	
- Teacher			Student's				Date 28-Apr-19			
			Signature							
Course Teache Recommendati			If Recommended, Date of Exam	Schedule		Set □ B B C			Filled by Teacher	
		□ Not Recommended	Time of Exam							
Date			Teacher's Signature							Fill
Approved		☐ Approved (without fine)	If approved with fine	Then amou	In wo	In words			l by ials*	
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Date			Approved by * Signature							Filled by Officials*
Please atIn case ofPlease br	tach ph lost pe ing you	exam must be taken within 7 days from last day of otocopy of your exam permit and supporting documermit, submit account clearance. r permit along with this approved application. ts must be attached with the answer script after the	ents (i.e. Medical documents, I	, ,		•		r/Associate	Dean /Dean	7
EC/FORM/1215	/03/000		TIONAL UNIVERSITY-I Application for Makeup Exam		DESH (A	IUB)			[Accounts	s copy]
Name	SADIK, A.T.M. SHIBLE					ID	ID 16-31339-1			>
Faculty	Facu	Ity of Sciences and Information Technology	lacksquare	Exam	Seme	Semester Spring			Filled by Student	
Subject NETWORK SECURITY				Section	В					Fill
	•		Student's Signature		•	Date	,	28-Apr	⁻ -19	
Approved	☐ Approved (without fine)		If approved with fine	Then amou	In wo	In words				
		☐ Approved (with fine) ☐ Not Approved		Tk.	Taka	Taka			Filled by Officials*	
Date			Approved by * Signature		•					

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

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