

## Application for Makeup Exam

Name	SADIK, A.T.M. SHIBLE			ID	16-31339-1		Filled by Student	
Faculty	Faculty of Sciences and Information Technology	Exam	Mid					
Subject	COMPUTER GRAPHICS	Section	A					
Teacher	DR. MD. ABDULLAH - AL - JUBAIR	Semester	Summer	18-19				
Reason	Clash Exams [Attach Exam Schedule]							
		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,	Schedule	Set				
		Date of Exam Time of Exam		<input type="checkbox"/> B <input type="checkbox"/> C				
Date		Teacher's Signature						Filled by Officials*
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				
			Tk.	Taka				
Date		Approved by * Signature						Filled by Officials*
*Officials: Respective Head of Department / Program Director / Associate Dean / Dean								

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			Tk.	Taka			
Date		Approved by * Signature					
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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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Accounts Copy should be kept with the Officials and will return to the Accounts Section