



North Western University Khulna

Application form for Special Examination

To
The Controller of Examinations
North Western University, Khulna

Name:.....Student ID:

Program:.....Department:

Contact No:..... E-mail:

1. Course Code:..... Title:

2. Course Code: Title:

3. Course Code: Title:

The date of unattended exam(s):

Reason for Special exam: (with relevant documents):

.....

.....
Student's Signature & Date

Consent of the Course Teacher:

1. Full Name: Signature:

2. Full Name: Signature:

Recommended by the Head of the Department:

Recommended by the Dean:.....

Approved by the Controller of Examinations

N.B.Please deposit the special examinations fees after the approval of the Controller Office.