North Western University

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Application form for Course Completion Testimonial

Name of the student:	
ID No.:	Batch:
Program:	Enrollment Semester:
Father's Name:	
Mother's Name:	
Address with Contact no:	
	Signature of the Student
	Date:
(To be filled from the Office of the Controller of Examinations) Total Credit courses appeared: Regular:, Retake:, Improvement:	
Internship (for MBA/BBA):Credit, Semes	ster:, Submission date:
Total Credits earned: inSemesters out of total credits	
Signature of the Head	Signature of the Dean
Department of	Faculty of
Date:	Date:
Clearan	nce Report
No book due	Cleared all dues
Librarian, NWU	Accounts Officer, NWU

Controller of Examinations

NB: The applicant will have to pay a fee of Tk.200/- (two hundred) for each Testimonial (Money receipt to be attached)