

Residential Semester Spring 2022 Residential Campus

VISITOR'S PROFILE

Student's information:	
Name: Dorm	
Dept ID no.:	
Semester	
Signature:	
Mother's/ Local guardian's information:	Photo of the Student
1. Name; Relationship:	
Address:	
E-mail Address:	
Telephone/Mobile No:	
Signature	
Father's/ Local guardian's information:	Photo of Mother
2. Name:Relationship:	
Address:	
E-mail Address:	
Telephone/Mobile No:	
Signature	Photo of Father
Checked and signed by Father/Mother/Guardian	
Dorm Supervisor	Assistant CS
DOTTI Daper visor	/ 13313tarre C3



RS form II

Residential Semester Spring 2022 Residential Campus

Date of Birth (dd/mm/yy)/ Marital Status Blood Group Dorm	Student's Mobile No:	E-mail:	:
Mother's Name	Date of Birth (dd/mm/yy)//	Marital Status	S Blood Group
Occupation Father's Name: Occupation Brothers and sisters: Name Age Remarks Present Address: Live in mess/hostel Emergency Contact Person: Relationship: Tel/Mob: Games you play with proficiency:	-	ID	
Name Age Remarks Present Address:	Occupation		_
Present Address:	Brothers and sisters:		_
Emergency Contact Person: Relationship:Tel/Mob: Games you play with proficiency:	Name	Age	Remarks
Emergency Contact Person: Relationship: Games you play with proficiency: Live in mess/hostel Tel/Mob: Tel/Mob:			
Emergency Contact Person: Relationship:Tel/Mob: Games you play with proficiency:	Present Address:		
Relationship:Tel/Mob:Tel/Mob:		Live in	
Games you play with proficiency:	Emergency Contact Person:		
Games you play with proficiency:	Relationship:	Tel/Mob:	
Interest areas (Music, Debate, Theater, or anything else):			
	Interest areas (Music, Debate, Theater, or	anything else):	
Institutions Attended SSC/O-Level	336/0 [[]		

Signature of the student

Signature of Mother/Father





Residential Semester Spring 2022 Residential Campus

Medicine List & Doctor's Appointments

Name: (BLOCK Letters, acco	rding to your co	ertificate):	
Date of Birth (dd/mm/yy) _		Marital Status	Blood Group
Dorm	Room No	ID	
Doctor's Appointment Date	es:		
Medicine List (Must attach	Doctor's Presci	ription):	
Signature of the stude	nt		Signature of Mother/Father



Residential Semester Spring 2022 Residential Campus

Date:		Residentia	ai Campus		Card no		
	LIBRARY	MEMBERSHIP CARD (For student only) eary, Brac University					
					Photo		
Name				ID			
Semester		Program		_Dept			
Present add	ress: Room No						
Dorm Name							
			Mobile	e			
Tel		E-mail:					
The date yo	u will leave Reside	ntial Campus:					
Signature of	f member	Signature of	Dorm Supe	rvisor	Signature of S A. A. Librar		rarian
Accn./Cal l no.	Author	Title	Due date	Signature of the borrower	Signature of the library staff	Remarks	

Accn./Cal l no.	Author	Title	Due date	Signature of the borrower	Signature of the library staff (Returned)	Remarks

				Signaturo	 	
Accn./Cal l no.	Author	Title	Due date	Signature of the borrower	Signature of the library staff (Returned)	Remarks

Terms and conditions

- 1. A library member can borrow two books/periodicals for one week. The item/items may be renewed for another week.
- 2. Borrowed books/Journals must be returned to the library within due date. A fine will be levied if the borrowed materials are not returned to the library on or before due date. Students have to pay:



RESIDENTIAL SEMESTER

Spring-2022

Residential Campus

Dear Parents,

We are writing to you regarding an issue of real importance. In the interest of the student's welfare, Brac University takes a zero tolerance stance towards drug use •

- Carrying, taking or sharing drugs in Residential Campus is strictly prohibited. Any student caught
 doing any of these will face Brac University Disciplinary Committee, and may be expelled from the
 university.
- Suspected drug abusers may also be asked to take a urine/blood test, and if the result is positive, he/she will face the same disciplinary procedure. Only prescription drugs recommended by a qualified physician are allowed.

Parents are kindly requested to share any concerns with us regarding their child's potential drug use.

We kindly ask both parents/guardians to confirm that they have read and understood the rules and regulations by signing below.

Name and Signature of Father	Name and Signature of Mother

Thank you for your understanding and cooperation in this matter.

Yours Sincerely,

Campus Superintendent

Brac University, Residential Campus