EC/FORM/1215/	03/000	1 AMERICAN INTE	ERNATIONAL UNIVERSITY Application for Makeup Exan		DESH (A	IUB)		[Teache	er's copy]
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Faculty				Exam			1		
Subject				Section					
Teacher				Semester					
Reason					I				- ¢
			Student's Signature			Date			Filled by Student
Course Teache	r's	☐ Recommended (without fine)	If Recommended,	Schedule				Set	
Recommendati	on	☐ Recommended (with fine) ☐ Not Recommended	Date of Ex Time of Ex				AM / P	□ B	by ier
Date		a not recommended	Teacher's Signature	tum	·			<u></u>	Filled by Teacher
Approved		☐ Approved (without fine)	If approved with fine	Then amou	amount of fine In words				
		☐ Approved (with fine) ☐ Not Approved		Tk.		Taka			by als*
Date			Approved by * Signature			-1			Filled by Officials*
			*Officials: Respectiv	ve Head of Depo	artment /Pr	rogram D	irector/	'Associate Dean /De	
EC/FORM/1215/ Name	03/000	1 AMERICAN INTE	ERNATIONAL UNIVERSITY Application for Makeup Exan		DESH (A	IUB)		[Studer	nt's copy]
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Subject				Section					Filled by Student
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Date			Teacher's Signature						Filled by Teacher
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Date			Approved by * Signature			•			Filled by Officials*
Please attIn case ofPlease bri	ach pho lost pe ng your cument	cam must be taken within 7 days from last obtocopy of your exam permit and supportin rmit, submit account clearance. permit along with this approved applications must be attached with the answer script AMERICAN INTE	g documents (i.e. Medical document on. after the exam. ERNATIONAL UNIVERSITY	ss, Exam Schedu	lle, etc.), if	applica			ean unts copy
Name			Application for Makeup Ex	aill		ID			
Faculty				Exam		Semes	ter		Filled by Student
Subject				Section		1	<u> </u>		Fille
	<u> </u>		Student's Signature		<u> </u>	Date			
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		☐ Not Approved							d by

Approved by * Signature

Date

 $\hbox{*Officials: Respective Head of Department /Program Director/Associate Dean /Dean}$

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