North East University Bangladesh

Sheikhghat, Sylhet, Bangladesh

Application for Make-Up Examination

☐ Spring / ☐ Fall Semester – 20.....

☐ Mid Semester / ☐ Semester Final Examination

Student Name:.....Student ID:.....

Department:..... Program:.....

Course Code	Course Title	Course Teacher's Name	Supporting documents verified, Recommended	Make Up Exam Date & Time	Signature of Course Teacher
			Yes / No		
			Yes / No		
			Yes / No		
			Yes / No		
			Yes / No		
			Yes / No		

May I therefore, pray and hope that you would be kind enough to give me permission for appearing the make-up Examination. Copy/copies of the supporting documents regarding my absence in the examination is/are enclosed together with this application.

Yours obediently,

Student's Signature and Date

➡ *Students are advised to submit the filled up Make-up Examination form to the Accounts office having signed by Course Teacher and Departmental Head.*

Signature of the Head of Dept.

Clearance of Accounts