Bangladesh University of Business and Technology
BUBT

Dhaka Commerce College Road, Mirpur-2, Dhaka-1216

Office of the Controller of Examinations

Accounts Officer

Please receive TK_____as Mid-Term/ Final Supplementary Examination fee.

_____
Controller of Examinations

APPLICATION FOR SUPPLEMENTARY EXAMINATION

Shift : ☐ Day ☐ Evening Semester : ☐ Spring ☐ Summer ☐ Fall 2 0 ☐ ☐ - ☐ ☐

Type of Exam: ☐ Mid-Term ☐ Final Cause of absence: ☐ Serious illness ☐ Overlapping of exam

☐ Others……..

SL NO.	Course Code 1 (which one want to attend as Supplementary)	Due Date of Exam	Due Time of Exam	Course Teacher's Code	Class Attendance (%)	Course Teacher's Recommendation (Signature)	IF OVERLAPPING Course Code 2 (which one attended in due time)
1							
2							
3							
4							

Name of the student: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Program: ☐

Intake: ☐☐ Section: ☐☐ Student's ID Number: ☐☐☐☐☐☐☐☐☐☐☐

Contact No. ☐☐☐☐☐☐☐☐☐☐☐ Student's Signature with Date: ☐

Recommendation of the Departmental Chairman:

Passport Size Photograph (Attach with glue)

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SUPPLEMENTARY EXAMINATION ADMIT CARD

Semester : ☐ Spring ☐ Summer ☐ Fall 2 0 ☐ ☐ - ☐ ☐

Name of the student: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Program: ☐

Intake: ☐☐ Section: ☐☐ Student's ID Number: ☐☐☐☐☐☐☐☐☐☐☐

Course(s) Code Registered for Supplementary Exam:

(1)……..…… (2)……

(3)……..... (4)……

Date: _____

_____
Controller of Examinations