Leading University

Ragibnagar, Sylhet

Office of the Controller of Examinations

Application for Makeup Examinations

Student ID:		Student Name			
Semester-Year:		Department:			
Course Code:		Course Title:			
Date of Exam. Scheduled:		Course Teacher:			
Contact No of Student:		Examination:	Mid Term	Semester Final	
1. Signature of Student Date	with Date		2. Clearance of O Date:	ffice of the Controller of Exams	
3. Signature of Course Teacher:			Date and Time of make-up Examination (Course Teacher will fill this)		
4. Signature of Head of the Department Date 5. Clearance of Finance and Accounts Date BKash Transaction ID					
-			N.B. Student will not allowed to sit for Mid Term and Semester Final Make-up Examination for the same course.		
Leading University Admit Card For Make-up Examination					
Student ID:			te and Time of Exam:		
Student Name:		Со	urse Teacher:		
Course Code:	Course Title:				
l l					

Examination:

Mid Term

Semester-Year:

Semester Final