Southern University Bangladesh

Department of Civil Engineering

Make-up Registration Form

Enrolled Semester- Date:

To
The Coordinator of Exam
Southern University Bangladesh, Chittagong

Sir
Kindly allow me to sit for the make-up exam for the course/courses mentioned.

Name of Student:

Student's E-mail

Department:

Program:

Make-up Exam, Semester. Year

Course Code: Course Title:

Student Signature with Date

Instructor's Comments:

Instructor's Name:

Signature with Date

Comments Form Accounts:

Make-up, Fee Paid/ Fee Not Paid:

(Accounts) Signature with Date

Comments Form Head of the department:

Approved/ Not Approved

Date & Signature of Head of the department

N.B.: Students are requested to mail the **filled-up form & Pay Document** to **ADMIN** directly. (E-mail: absar@southern.edu.bd)

Student Copy

Name: ID No:

Program: Department:

Make-up, Fee Paid/ Fee Not Paid: Approved/ Not Approved

Authorized signature (Accounts) Date & Signature of Head of the departme