

To be filled in by Accounts Dept.
*Paid Fees Tk
(Cash/ Cheque) MR No
Date of Application

Application Form for Retake

Name: Batch:	Jame :			ID : Program :		
☐ Spring-20		☐ Summer-20	☐ Fall-20			
Sl. No	Course Code	Course Title	Participated in (Semester)	Obtained Grade	Verified by (Exam Office)	
1.					,	
2.						
3.						
4.						
	for Retake of the C			Signati	are of the Student	
Recomr	mendation of the C	nairman:		Chairman c	of the Department	
	al of the Registrar/V					
Allowed	/not allowed to Reta	аке				
				Registra	r/Vice-Chancellor	

^{*}Please note that retake fee is charged at the rate of 100% of the course fee.