



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

Application Form for Replacement Course

Name : _____ ID : _____
Batch : _____ Program : _____

Spring-20

Summer-20

Fall-20

Participated earlier				
Course Code	Course Title	Participated in (Semester)	Obtained Grade	Verified by (Exam Office)

The student will give bellow the course code & title desired as replacement course	
Course Code	Course Title

Reason for course replacement:

Signature of the Student

Recommendation of the head of the department, indicating that the course will not be offered in the future.

Head/Coordinator of the Department

Approval of the Registrar/Vice-Chancellor

Allowed/not allowed for course replacement

Registrar/Vice-Chancellor

*Please note that course replacement fee is charged at the same rate of retake fee.