

# Central University of Science & Technology (CUST)

Plot: 1/9, Road: 2, Block: D, Section: 15, Mirpur, Dhaka-1216, Bangladesh

**Application Form for:**     Midterm Makeup Examination     Final Makeup Examination  
    Course Retake     Course Improvement

## Directions:

1. Attach your medical certificate/ proper documents.
2. Take approval of the course teacher(s).
3. Take approval from the Chairman of your respective department.
4. Pay required fee(s) as per policy.
5. This form should be submitted to the respective department with sufficient documents within 10 days from the missed exam.

Name: \_\_\_\_\_ ID: \_\_\_\_\_ Batch: \_\_\_\_\_

Department: \_\_\_\_\_ Program: \_\_\_\_\_ Semester: \_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

## Applied Subjects:

| Course Code | Course Title | Credit | Date of Missed Exam | Approval of the Course Teacher |
|-------------|--------------|--------|---------------------|--------------------------------|
|             |              |        |                     |                                |
|             |              |        |                     |                                |
|             |              |        |                     |                                |
|             |              |        |                     |                                |
|             |              |        |                     |                                |
|             |              |        |                     |                                |

## Reason for your absence:

|  |
|--|
| <p><input type="checkbox"/> Illness/Health Issue: _____</p> <p><input type="checkbox"/> Family Emergency or Compassionate Grounds: _____</p> <p><input type="checkbox"/> Others: _____</p> |
|--|

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Fee Payment

Number of Course(s)/Examination(s): \_\_\_\_\_ Approved Payment: Tk. \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature & Name

\_\_\_\_\_  
Date

**OFFICIAL USE ONLY**

**Approval of the Chairman of Respective Department**

Approval:       YES       NO      Comments: \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature & Name

\_\_\_\_\_  
Date

**Approval of the Office of the Controller of Examinations for Makeup Examinations**

\_\_\_\_\_  
Authorized Signature & Name

\_\_\_\_\_  
Date

**Approval of the Office of the Registrar for Retake and Improvement Examinations**

\_\_\_\_\_  
Authorized Signature & Name

\_\_\_\_\_  
Date