



**Bangladesh University of  
Business and Technology  
BUBT**

Dhaka Commerce College Road, Mirpur-2, Dhaka-1216

**Office of the Controller of Examinations**

Accounts Officer

Please receive TK \_\_\_\_\_ as Mid-Term/  
Final Supplementary Examination fee.

\_\_\_\_\_  
Controller of Examinations

**APPLICATION FOR SUPPLEMENTARY EXAMINATION**

Shift :  Day  Evening Semester :  Spring  Summer  Fall   -

Type of Exam:  Mid-Term  Final Cause of absence:  Serious illness  Overlapping of exam

Others.....

SL NO.	Course Code 1 (which one want to attend as Supplementary)	Due Date of Exam	Due Time of Exam	Course Teacher's Code	Class Attendance (%)	Course Teacher's Recommendation (Signature)	IF OVERLAPPING
							Course Code 2 (which one attended in due time)
1							
2							
3							
4							

Name of the student:  Program:

Intake:  Section:  Student's ID Number:

Contact No.  Student's Signature with Date:

Recommendation of the  
Departmental Chairman:

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Passport Size  
Photograph  
(Attach with glue)

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**SUPPLEMENTARY EXAMINATION ADMIT CARD**

Semester :  Spring  Summer  Fall   -

Name of the student:  Program:

Intake:  Section:  Student's ID Number:

**Course(s) Code Registered for Supplementary Exam:**

(1)..... (2).....

(3)..... (4).....

Date: \_\_\_\_\_

\_\_\_\_\_  
Controller of Examinations