

**Daffodil International University**

**Department of Software Engineering**

**21 June 2025**

**OVERLAP EXAM NOTICE FOR Mid-Term**

**EXAMINATION Summer 2025**

Students of Department of Software Engineering are hereby notified that the

**Overlap Examination** of Mid Summer 2025 will be held on **according to main routine schedule. Check the Mid Exam Routine.**

All students are advised to submit an application **within 25-06-2025** to the **Software Engineering Department Office (Ms. Jui Jenifer Gomes, Assistant Coordination Officer)** with the signature of the both courseteachers which are overlapped with each other and signature of the batch adviser also.

**\*\*\*Two Examinations in the same day but at different time slots will not be considered as Overlap Examination.**

**No student will be allowed to sit without application or fake application. If found, the answer script will be rejected by the Exam committee member.**

**Overlap Mid-Term Exam Application Format**

...................... (Write Date Here)

To

The Member of Exam Committee,

Department of Software Engineering

Daffodil International University

Daffodil Smart City. Birulia, Savar Dhaka.

**Subject: Application for attending the Overlap of Mid Exam in Summer 2025.**

Dear Sir,

I am ***(Name)*** , a regular student in your university. My ***(which semester you are)*** semester final

exam routine is published. This time after getting my exam routine I have noticed that two of my courses

are in the same day as well as the same time slot. It is not possible for me to attend two courses at the same time.

**Details for Overlap course:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Acknowledgement** | **Course Code** | **Course title** | **Teacher Initial** | **Teacher Signature** |
| **I will attend this course of overlap exam.** |  |  |  |  |
| **I will attend this course at schedule time.** |  |  |  |  |
| **I am informed that**  **My student is**  **attending Overlap**  **Examination** | **Name of Adviser:**  **Advisor Comment :** | | | **Signature of Adviser :** |

Therefore, I pray and hope that you will be kind enough to permit me to attend an overlap course at the time of overlap / Improvement.

Yours Obediently,

Student Name:

Student ID:

Section:

Batch:

Mobile:

Email: