Date: DD/MM/YYYY

**To**

**The Registrar**

**Daffodil International University**

**Through: Advisor Name, Advisor Designation**

**Through: Head, Department of ETE**

**Subject: Application seeking permission late registration.**

Dear Sir,

With due respect, I would like to inform you that I am a student of the department of ………….., bearing ID \_\_ - \_\_ - \_\_\_\_ . Due to my (reason of late registration). I could not complete my registration in schedule time. I eagerly need your permission to complete the following courses to register in the following section in this semester (Semester Name).

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| --- | --- | --- | --- |
| **Sl** | **Course Code** | **Course Title** | **Sec** |
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I would highly appreciate if you kindly give me the permission for my registration in this semester and oblige thereby.

Sincerely yours,

Name :

ID :

Department :

Mobile :