



Daffodil International University

Dept. of Software Engineering

Date: 05-11-2018

Overlap Exam Notice for Mid Term Exam, Fall - 2018

Students of Dept. of **Software Engineering** are hereby notified that the **Overlap Examination of Mid Term Exam, Fall-2018** will be held on **at the time of Improvement Examination of Mid Term Examination, Fall-2018**.

All students are advised to submit application (**Within 11-11-2018**) to the Exam committee member (Farzana Sadia) with the signature of their both course teachers which are overlapped with each other and signature of your Adviser also.

Submission Procedure:

- 1. Fill up the application form.** [The format of the application is given below]
No Handwritten form will be accepted.
- 2. Take Signatures from all course teachers.**
- 3. Fill a form hanged on the board of Desk no- 05, Room No- 503AB.**
- 4. Hang your application on the same board.**

*****Two Examinations in a same day but different time slot will not be considered as Overlap Examination.**

No student will be allowed for sitting without application. Their answer script will be rejected by the Exam committee member.

Time and Date will be notified later.

Farzana Sadia

Mob: 01973726762 (for emergency only)

Member, Internal Exam committee

Department of Software Engineering

Faculty of SIT

Daffodil International University
Overlap Mid Term Exam Application Format

.....(Write Date Here)

To

The Member of Exam Committee,
Software Engineering Department,
Daffodil International University
102, Sukrabad, Mirpur Road, Dhanmondi-1207

Subject: Application for attending the Overlap of Mid Term Exam in Fall 2018

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 same time slot. It is not possible for me to attend two courses in the same time.

Details for Overlap course:

Acknowledgement	Course Code	Course title	Teacher Initial	Teacher Signature
I will attend this course at the time of improvement exam		<u>Write here the course name that you want to attend later</u>		
I will attend this course at schedule time		<u>Write here the course name that you will attend in schedule time</u>		
I am informed that my student is attending Overlap Examination	Name of Adviser:		Signature of Adviser:	

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

Yours Obediently,

Student Name:

Student ID:

Section:

Batch:

Mobile: