



Date:

To

The Head

Department of _____

Through: The Convener, Offering and Routine Committee, Department of _____

Subject: Application for the permission of Late Registration of Semester _____

Dear Sir/Madam,

With due respect I would like to inform you that I am a student of the department of _____ of Asian University of Bangladesh bearing the ID: _____ . Due to my

_____ ,

I could not register (start/complete) my registration in (Spring/Summer) 20__ semester as per the scheduled time.

I would highly appreciate it if you kindly give me the permission for my late registration in (Spring/Summer) 20__ semester and allow me to take the following courses. The respective course teachers have agreed to give me the opportunity to attend their classes and continue this semester.

SL	Course Code	Course Teacher	Signature for the approval
1			(Recommended/not Recommended)
2			(Recommended/not Recommended)
3			(Recommended/not Recommended)
4			(Recommended/not Recommended)
5			(Recommended/not Recommended)
6			(Recommended/not Recommended)

Sincerely yours

(Recommended/not Recommended)

(Approved/not Approved)

Name:

Name:

Name:

ID:

Designation:

Designation:

Department:

Convener,
Offering and Routine Committee,

Head,

Phone:

Department of _____

Department of _____

Email:

Asian University of Bangladesh

Asian University of Bangladesh