



AFD: \_\_\_\_\_

# Notre Dame University Bangladesh

2, Arambagh, Motijheel, Dhaka-1000

## Application Form for Skipping a Trimester

**Put tick mark on your topic**

- Want to skip the upcoming trimester .....
- Sipped the previous trimester .....

**Student's Information:**

Student's Name: \_\_\_\_\_

Student ID: \_\_\_\_\_ Program: \_\_\_\_\_ Batch no.: \_\_\_\_\_ Section: \_\_\_\_\_

Student's Contact No: \_\_\_\_\_ Guardian Contact No: \_\_\_\_\_

Course Codes and titles of all courses of the trimester that you want to skip or you have already skipped.

Course Codes: \_\_\_\_\_ Course Title: \_\_\_\_\_

Course Codes: \_\_\_\_\_ Course Title: \_\_\_\_\_

Course Codes: \_\_\_\_\_ Course Title: \_\_\_\_\_

Course Codes: \_\_\_\_\_ Course Title: \_\_\_\_\_

Course Codes: \_\_\_\_\_ Course Title: \_\_\_\_\_

Course Codes: \_\_\_\_\_ Course Title: \_\_\_\_\_

Course Codes: \_\_\_\_\_ Course Title: \_\_\_\_\_

Course Codes: \_\_\_\_\_ Course Title: \_\_\_\_\_

Course Codes: \_\_\_\_\_ Course Title: \_\_\_\_\_

**Purpose of skipping a trimester:** (attach all relevant documents)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

.....  
**Guardian's Signature and Date**

.....  
**Student's Signature and Date**

**Dues Status:**

- Total Dues Tk. \_\_\_\_\_
- Last payment date: \_\_\_\_\_

\_\_\_\_\_  
**Signature of Accounts Department**

**Opinion of the Department Chairman:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Signature, Seal and Date**

**Decision of Authority:**

- Approved, \_\_\_\_\_ Tk. to be transferred/refunded/excused.
- Have to continue with: Program: \_\_\_\_\_ Batch: \_\_\_\_\_ from \_\_\_\_\_ Trimester.

(Others Comment's If Any) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Authorized Signature and Date**