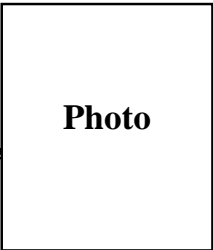




SOUTHEAST UNIVERSITY

House-64, Road-18, Block-B, Banani, Dhaka-1213
(Examination Office: House # 95, Road # 4, Block # B, Banani, Dhaka-1213, Contact # 8835699)



Application for Final Transcript and Provisional Certificate (To be submitted through the Department/RRC concerned)

* Name: (In block letters) ID No.

* Father's Name:

(* Name & father's name should be written as per SSC or its equivalent Certificate.)

Program:, Batch:, Center:

Enrolment Semester: Completion Semester:

Major: (for MBA/BBA)

Mailing Address:

Contact No: Phone: Mobile: Email:

Paid Tk. 800/= for Final Transcript and Provisional Certificate
(Money Receipt, in original, attached with the application).

Signature of Student

Date:

(To be filled from the office of the Controller of Examinations)

Total Credit courses appeared: Regular:, Retake:, Improvement:

Total Non Credit courses appeared: Regular:, Retake:, Improvement:

Total Waiver: Credit:....., Non Credit: Courses

Internship (for MBA/BBA):Credit, Semester:, Submission date:

Total Credits earned: in Semesters.

Signature of Dean/Chairman

Date:

Controller of Examinations (Acting)

Date:

Clearance Report	
No book due	Cleared all dues
Librarian, SEU	Accounts Officer, SEU

For students of distance mode (other than Dhaka) must apply through the respective RRC Coordinator for clearance of library & dues.

Date:.....

Signature of the RRC Coordinator

- NB: (i) *Provisional Certificate & final Transcript will be issued after 7 (Seven) clear working days from the date of clearance report from Library & Accounts.*
- (ii) *Attested copies of all Certificates with Mark-sheets/Transcripts of SSC, HSC and degree examinations & 1 copy photo must be submitted with the application. (No Certificates & Mark sheet will be accepted without attestation)*
- (iii) *No substitute is allowed to take delivery of the Transcript and Provisional Certificate.*
- (iv) *Fee for Provisional Certificate with Academic Transcript is Tk. 800/=.*

(To be filled from the office of the Controller of Examinations)

Date of Submission:..... Date of Delivery:.....

Signature of Receiving Officer:.....

Semester wise Report
(To be filled from the office of the Controller of Examinations)

Name of Semester	Number of Courses/Credits							
	Regular		Retake		Improvement		Re-sit	
	Credit	Remedial	Credit	Remedial	Credit	Remedial	Credit	Remedial
Spring,								
Summer,								
Fall,								
Spring,								
Summer,								
Fall,								
Spring,								
Summer,								
Fall,								
Spring,								
Summer,								
Fall,								
Spring,								
Summer,								
Fall,								
Spring,								
Summer,								
Fall,								

Signature

Date: