



SOUTHEAST UNIVERSITY

Passport
Size
Photo
(1 copy)

APPLICATION FOR FINAL TRANSCRIPT & PROVISIONAL CERTIFICATE

Name of Student (in block letters): _____
(As it appears in SSC/Equivalent Certificate)

Father's Name: _____
(As it appears in SSC/Equivalent Certificate)

Student's ID No.

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Program: _____ Batch: _____ Major/ Dissertation: _____

Present Address: _____

Land Phone: _____ Mobile: _____ Email: _____

Money Receipt No: _____ Date: _____ Tk. 1,000.00 (Taka one thousand only)

Name of the Bank & Branch: _____

- Documents to be submitted along with the application:**
- ❖ Student must bring the original & photocopies of certificates of SSC, HSC, Bachelor & Master's Degree as the case may be at the time of submission of application. The authorized officer of SEU will verify & attest the copies of certificate for submission along with the application.
 - ❖ Documents to be submitted along with the application:
 - Attested copies of Certificates, Mark-sheets (Transcripts) of SSC, HSC, & Bachelor/Master's Degree as the case may be.
 - Original money receipt.
 - A recent passport size colored photograph.

Signature of Student
Date:

For Official Use Only

Total Credit courses appeared: Regular: _____ Retake: _____ Improvement: _____ Re-sit: _____	
Total Non Credit courses appeared: Regular: _____ Retake: _____ Improvement: _____ Re-sit: _____	
Total Credit Waived: _____ Non Credit Courses Waived: _____	
Internship/Dissertation Credit: _____ Semester: _____	
Total Credits Completed: _____ Semester: _____	
_____ Examination / Asst. Exam. Officer Date:	

Received Library card & no book due	Cleared all dues	Certificate & Transcript may be issued
_____ Signature of Librarian, SEU Date:	_____ Signature of Accounts Officer, SEU Date:	_____ Signature of Controller of Examinations Date:

Submission Date: _____	Delivery Date: _____	Received by: _____
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FINAL TRANSCRIPT & PROVISIONAL CERTIFICATE

(Examination Office: House # 95, Road # 4, Block # B, Banani, Dhaka-1213, Telephone: 55034404, 55035045 Ex. – 208, 8835699)

Delivery Date: _____	Received by: _____
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- N.B.:**
- ❖ Student ID card must be surrendered at the time of taking delivery of the Certificate & Transcript.
 - ❖ Authorization letter is necessary if you would like to receive the Provisional Certificate & Transcript by your representative. In such case, signature of the representative must be attested by you in the authorization letter.

Semester wise Report on Registration

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

Name of Semester	Number of Courses/Credits					
	Regular			Retake	Improvement	Re-sit
	Course(s)	Credit hours	Non Cr. Course	Course(s)/ Credit hours	Course(s)/ Credit hours	Course(s)/ Credit hours
Spring'						
Summer'						
Fall'						
Spring'						
Summer'						
Fall'						
Spring'						
Summer'						
Fall'						
Spring'						
Summer'						
Fall'						
Spring'						
Summer'						
Fall'						
Spring'						
Summer'						
Fall'						
Spring'						
Summer'						
Fall'						
Spring'						
Summer'						
Fall'						
Spring'						
Summer'						
Fall'						
Total						

Signature of EO/AEO
Date: