



SOUTHEAST UNIVERSITY

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

Application for Scrutiny of Results

To
The Controller of Examinations
Southeast University

Through the Dean & the Coordinator

Sir,

I, _____, ID _____,

Program _____, Batch _____, Section _____.

(Mailing address:
.....)

I have appeared at the Semester Final Examination of _____ published on _____.
On the basis of my academic performance in the semester I was expecting better grade than
the grade was given to me by my course teacher _____ in
the course mentioned below:

Course code	Title of the course	Grade

Hence I need scrutiny of my results of the course mentioned below:

Date: _____

Signature of student

Paid Tk. 100/- for Scrutiny of Results (Money Receipt, in original, attached with the application).

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Report of the course teacher/scrutinizer:

Course code	Revised Marks						Revised grade	Remarks
	Class Att.	Class Per.	Class test	Mid term	Final	Total		

Justification of change: _____

Comment of the Dean:

Signature of the Course Teacher/Scrutinizer
Date: _____

Signature of the Dean

Date: _____

Note: The student must submit the application to the program coordinator within 30 (thirty) days from the date of publication of results. The coordinator may seek opinion of the course teacher or depute a scrutinizer for verification of the results. The course Teacher/scrutinizer will forward the application to the Dean for onward transmission to the Controller of examinations with his comment.