**Date:**

The Registrar

Daffodil International University,

Daffodil Smart City, Dhaka-1216, Bangladesh

**Subject:** Application for course registration/drop.

Dear Sir,

With due respect, I am requesting for your kind approval to register/drop the below-mentioned courses. My credential is following:

Name:

ID:

Semester (Spring): ‘2023

Shift: (Day/Eve):

Current Due:

Recent Paid Amount: Date:

Tentative Due Payment Date:

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| **Course Code** | **Course Title** | **Section** |
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Therefore, I pray and hope that you would be kind enough to allow me to register the courses and oblige thereby.

Sincerely,

Name:

Active Mobile No.:

Email:

**For office use only**

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| **Student Advisor** | |
| Advisor Initial | Registration Status: □ Done □ Forwarded for approval |
| Comments:  Signature with date | |

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| **Accounts** | |
| Paid Amount: | Dues: |
| Signature with seal: | |

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| **Office of the Head of the Department** | | |
| Tracking no.: EEE/Forward/\_\_\_\_\_\_\_ /\_\_\_\_ | Forwarded to Head, EEE |  |
| Coordination officer’s Signature with date: | | |
| □Recommended □Not Recommended  Signature of Head with Date | | |

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| **Dean Office** |
| Approval Status: □ Approved □Not Approved |
| Signature & seal of Registrar/  Representitive of the Registrar: |

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| **EEE Office** | |
| Received Date: | Tracking no.: EEE/Approval/\_\_\_\_\_\_\_ / \_\_\_\_ |
| Signature with date of forwarding: | |

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| **Controller Office** |
| Registration Status: □Done □Not Done & Return to the Department  Signature with Date: |

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| **EEE Office** | |
| Received Date: | Report to Head |
| Action taken: | |