



# SOUTHEAST UNIVERSITY

Passport  
Size  
Photo  
(1 copy)

## APPLICATION FOR ORIGINAL CERTIFICATE (For the student's who could not attend the Convocation)

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: \_\_\_\_\_

Provisional Certificate No.: \_\_\_\_\_ Result Publication date: \_\_\_\_\_

Money Receipt No. \_\_\_\_\_ Date : \_\_\_\_\_ Tk. 2,500.00 (Taka two thousand five hundred 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 and attest the copies of certificates 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.
    - Provisional Certificate in Original (if taken)

\_\_\_\_\_  
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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### ORIGINAL CERTIFICATE

(Examination Office: House # 95, Road # 4, Block # B, Banani, Dhaka-1213, Telephone: 55034404, 55035045 Ex.- 208, 55035156)

ID No:.....	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 Certificate & Transcript by your representative. In such case, signature of the representative must be attested by you in the authorization letter.

**Applicable for the student who has not received the PVC**  
**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 Courses	Remedial Courses	Credit Courses	Remedial Courses	Credit Courses	Remedial Courses	Credit Courses	Remedial Courses
Spring'								
Summer'								
Fall'								
Spring'								
Summer'								
Fall'								
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Spring'								
Summer'								
Fall'								

Signature :  
Name :  
Designation :  
Date: