

**Daffodil International University**

**Department of Software Engineering**

 **13 May 2024**

**OVERLAP EXAM NOTICE FOR Final-Term**

**EXAMINATION Spring 2024**

Students of Department of Software Engineering are hereby notified that the

**Overlap Examination** of Final Spring 2024 will be held on **11 & 12 June 2024 (Tuesday & Wednesday) (Tentative Date)**.

All students are advised to submit an application **within 28-05-2024** to the **Software Engineering Department Office** with the signature of the both courseteachers which are overlapped with each other and signature of the batch adviser also.

**Submission Procedure:**

1. Fill up the application form. **[The format of the application is given below] No Handwritten form will be accepted**.
2. Take Signatures from all course Department teachers Office including of Software Batch Engineering Advisor.
3. **Must attach the routine portion where shows the conflict printing hardcopy.**
4. Submit the Form to the Exam Committee.

**\*\*\*Two Examinations in the same day but at different time slots will not be considered as Overlap Examination.**

**No student will be allowed to sit without application or fake application. If found, the answer script will be rejected by the Exam committee member.**

 **Md Rajib Mia** [**Mr. Musabbir Hasan Sammak**](https://faculty.daffodilvarsity.edu.bd/profile/swe/musabbir.html)

Member, Internal Exam Committee Member, Internal Exam Committee

Department of Software Engineering Department of Software Engineering

Daffodil International University Daffodil International University

**Overlap Final Term Exam Application Format**

...................... (Write Date Here)

To

The Member of Exam Committee,

Software Engineering Department,

Daffodil International University

Daffodil Smart City. Birulia, Savar Dhaka.

**Subject: Application for attending the Overlap of Final Exam in Spring 2024.**

Dear Sir,

I am ***(Name)*** , a regular student in your university. My ***(which semester you are)*** semester final

exam routine is published. This time after getting my exam routine I have noticed that two of my courses

are in the same day as well as the same time slot. It is not possible for me to attend two courses at the same time.

**Details for Overlap course:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Acknowledgement** | **Course Code** | **Course title** | **Teacher Initial** | **Teacher Signature** |
| **I will attend this course of overlap exam.**  |  |  |  |  |
| I will attend this course at schedule time.  |  |  |  |  |
| I am informed thatMy student is attending OverlapExamination | **Name of Adviser:** **Advisor Comment :** | **Signature of Adviser :**  |

Therefore, I pray and hope that you will be kind enough to permit me to attend an overlap course at the time of overlap / Improvement.

Yours Obediently,

Student Name:

Student ID:

Section:

Batch:

Mobile:

Email: