

APPLICATION FOR AUTHORIZATION TO COLLECT ACADEMIC DOCUMENT

Date: _____

To,
The Controller of Examinations,
Ahsanullah University of Science and Technology.

Photograph of Applicant	Photograph of Authorized person
-------------------------	---------------------------------

Dear Sir/Madam,
With due respect I, _____, Registration No. _____
completed all the requirements for the degree of _____

and graduated on _____ securing CGPA _____ on a scale of 4.000.

I have authorized the following person to receive my academic document(s) on behalf of me from your office according to the Rules and Regulations of AUST.

May I, therefore, request you to deliver my academic document(s) to the assigned person mentioned below:

Name of Authorized person: _____

Address: _____

NID Number: _____ Contact Number: _____

Signature of Authorized Person: _____ Date: _____

Signature of Applicant: _____ Date: _____
(Signature of Applicant will be considered attesting signature for the Authorized person)

Academic Documents to receive:

1.	
2.	
3.	

Signature of Applicant _____ Date: _____
(Signature of the Applicant must be same as he/she signed before in this office)

Controller of Examinations :

Documents to be attached: Photocopy of Applicant's University ID/NID
Photocopy of Authorized person's NID
Student's copy of application