



UNIVERSITY OF ASIA PACIFIC

FFWF- 1

Application Form for Freedom Fighter's Children Waiver

To be filled up by the student

1. Name: _____ 2. Registration No: _____
 3. Department: _____ 4. Program: _____
 5. Name of Advisor: _____ 6. Designation: _____
 7. Current Semester: Spring/Fall/20__
 8. Total credits attempted _____ and earned _____ in last Semester attended
 9. GPA in last Semester attended: _____
 10. Due fees (if any): _____

Signature and date

To be filled up by the concerned Advisor and countersigned by the concerned Head of the Department

The antecedents above are verified and information below are observed and recommended:

- | | | |
|---|---------------------------------------|---|
| 11. Nature of studentship of the applicant | <input type="checkbox"/> Regular* | <input type="checkbox"/> Irregular |
| 12. Conduct of the applicant | <input type="checkbox"/> Satisfactory | <input type="checkbox"/> Not satisfactory |
| 13. Past academic and conduct record of applicant | <input type="checkbox"/> Satisfactory | <input type="checkbox"/> Served punitive action |
| <input type="checkbox"/> Recommended <input type="checkbox"/> Not recommended | | |

* The student did not fail in any subject last semester

Course	Grade	Course	Grade	Course	Grade	Course	Grade	Course	Grade	Course	Grade	Course	Grade	Course	Grade

Signature of Advisor

Signature of Head of the Department

To be filled up by the Controller of Examinations Section

The GPA of __. __ __ as mentioned in Sl. No. 9 above in Spring/Fall20 __ __ is verified.
The student did not fail in any subject last semester attended.

Verified by:

(Signature and seal)

Signature of Controller of Examinations

This form will not be processed further if the student is found to have failed in any subject in last semester. The form will be returned to the respective Department for record.

To be filled up by the Accounts Section

Amount of Tk. _____/- mentioned in Sl. No. 10 as due fees has been checked and found correct.
If not, mention the correct amount due – Tk. _____/-

Checked by:
(Signature and seal)

To be filled up by the Registrar's office

The applicant may be awarded waiver of Tk. _____ as per waiver policy of UAP.

Signature of Registrar

Action of Accounts Section:

The student was waived an amount of Tk. __, __ __ __/- for Spring/Fall 20 __ __ semester.

***** Necessary documents need to be attached.**

Signature of concerned officer