**UVA WELLASSA UNIVERSITY OF SRI LANKA**

**Application Form for Subject Registration for 2nd Semester, Academic Year 2017/18**

Registration No: UWU/………………………………...

Faculty: ………………………………………………………………………………………..

Course of Study: ………………………………………………………………………………

1. Full Name (Mr. / Miss.): ……………………………………………………………………………….

………………………………………………………………………………………………………….

1. Name with Initials (Mr. / Miss.): …..……………………………………………………......................

………………………………………………………………………………………………………….

1. Postal Address: ………………………………………………………………………...........................

…………………………………………………………………………………………………………..

1. Contact No.: Home: ……………………… Mobile:………….………………...................... Email …………………………………………

Please fill the following columns indicating the subjects which you follow in the 2nd semester of the Academic Year 2017/2018.

|  |  |  |
| --- | --- | --- |
| **No.** | **Subject** | **Subject Code** |
| 01 |  |  |
| 02 |  |  |
| 03 |  |  |
| 04 |  |  |
| 05 |  |  |
| 06 |  |  |
| 07 |  |  |
| 08 |  |  |
| 09 |  |  |
| 10 |  |  |
| 11 |  |  |
| 12 |  |  |
| 13 |  |  |
| 14 |  |  |

Date:…………….... …………………………………………..

Signature of the Student

I certify that the above details are true and correct.

Date:……………… ……………………………………… Signature of Head of the Department

**Copy 1**

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1. Registration No: UWU/………………………………...
2. Name with Initials (Mr. / Miss.): …..…………………………………………………….....................
3. Postal Address: ………………………………………………………………………..........................

…………………………………………………………………………………………………………..

1. Scholarship: (i) Name/ Source ………….……………….......................

(ii) Annual Payment ………….………………..................

*(You are requested to mention above, the name/ source of the scholarship you receive (both internal & external) and the annual amount (Ex: EDCS, Scholarship by Ports Authority etc.)*

1. Contact No.: Home: ……………………… Mobile:………….………………....................... Email …………………………………………

Date:…………….... …………………………………………..

Signature of the Student