**Repeat**

**Uva Wellassa University of Sri Lanka – Badulla**

**Examination Entry Form**

**2nd Semester Examination {Repeat}{2014/15 Batch,2013/14 Batch,2012/13 Batch,2011/12 Batch} December 2017- January 2018**

(Closing Date will be 18.09.2017 )

Registration No:

Index No:

Name of the Faculty : ………………………………………………………………………………………………………………………….

Name of the Course : ………………………………………………………………………………………………………………………….

Year of Study : …………………………………………………………………………………………………………………………..

Repeat subject in : …………………………………………………………………………………………………………………………..

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

2. Name with initials…………………………………………………………………………………………………………………………….....

3. NIC No : ………………………………………………………………. 4. Sex : …………………………………………………………..

5. Permanent Address: 6. Contact Address/Temporary Address during the

Examination period:

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7. Telephone/Mobile No. if any :…………………………………………………………………………………………………………….

8 Date of Payment for the 2nd Semester Repeat Examination:

Examination Fees (Total): ……………………………………… Date of Payment …………………………………

Receipt No : …………………………………………

9. Indicate the attempt under which you sit this Examination

2nd 4th

For 4th attempt – students should obtain approval from relevant Faculty Board and Senate)

3rd

10. Reason for applying as a repeat candidate

1. Fail in the Subject
2. Not being eligible to sit due to lack of attendance
3. Approved Medical Leave
4. Not been applied the subject
5. For Upgrade

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| --- | --- | --- | --- | --- |
| **Attempt** | **Attempt taken in the academic year** | **Title of the subject**  **(Compulsory to write the Subject title)** | **Subject**  **code** | **Previous Results with grade** |
| **1st attempt**  **(Proper)** |  |  |  |  |
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| **2nd attempt** |  |  |  |  |
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| **3rd attempt** |  |  |  |  |
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**11. Previous Results of Repeat subjects -**

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| --- | --- | --- | --- | --- |
| **Repeat subject in** | **Title of the subject**  **(Compulsory to write the Subject title)** | **Subject**  **code** | **Signature of Lecturer**  **in charge of subject** | |
| **Eligibility to sit the Examination**  **Yes/No** | **Signature** |
| **1st year subjects** |  |  |  |  |
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| **2nd year subjects** |  |  |  |  |
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| **3rd year subjects** |  |  |  |  |
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| **4th year subjects** |  |  |  |  |
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**12. Please fill-in the following, indicating the repeat subjects**

Total Number of subjects applied for Repeat Examination

I certify that the information given above are true and correct to the best of my knowledge. I am aware that my registration would be cancelled if any of the above is found to be incorrect.

Date Signature of the candidate