**Uva Wellassa University**

**Application for Semester Examinations**

**Faculty of ……………………………………………………………………………**

**General Details**

**Name of the Examination (Degree Programme): …………………………………………………………………………**

**Year and Semester Year Semester**

**Personal Details**

**Registration No: Index No:**

**Name with Initials: Mr/Mrs/Miss …………………………………………………………………………………………………**

 **(In block letters)**

**Name in Full ………………………………………………………………………………………………………………….**

 **………………………………………………………………………………………………………………….**

**Permanent Address: ………………………………………………………………………………………………………………….**

 **………………………………………………………………………………………………………………….**

**Contact Address/Temporary Address During the Examination period:**

**………………………………………………………………………………………………………………………………………………………**

**Telephone/Mobile No:**

**Academic year of Admission: ……………. /……………….**

**Details of previous Examination**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S.No** | **Period of Examination**  | **Year and Semester**  | **Results Complete /Incomplete**  | **Remarks**  |
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**Payment Details**

**Fees Paid for Repeat Examination:**

**Rs ……………………. Date of Payment: …../……./………….. Receipt Annexed: Yes /No**

**(Payment can be made at Shroff counter or Bank 100.00 should be paid per a subject)**

**Particulars of Examination for which admission is sought \* Please mention the repeat subject in below**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **No** | **Course Code**  | **Title** | **Proper(P) or Repeat(R)** | **Eligibility Yes / No**  | **Signature of Lecturer In charge**  |
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I am aware that the Course/s applied for the examination cannot be changed after handing over this application form to the examination division. I am further aware that if I fail to sit for the applied course/s without valid reason it will be considered as an attempt.

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

 …………………………………………

**Date :..…./…../………….. Signature of the Candidate**