

Uva Wellassa University
Application for Verification of Examination Marks and Grades

Faculty :

Department

.....

.....

Degree Programme:.....

1. Details of the Candidate

Name of the Candidate			
Registration Number		Index Number	
Year of examination		Semester	

Assessment(s) to be Verified

Year & Semester of Examination	Course Code and Title	Marks Received	Grade Received

Total amount paid : Rs.....(at the rate of 500.00 per course unit)

1. Payments should be made to University Shroff and the duplicate of the receipt (green colour copy) should be attached to the application form.

Date:

Signature of the Candidate:.....

For Office Use Only**Results after Verification**

Examination	Course Code and Title	Marks Received	Grade Received	Changed/ Not Changed

Names and Signatures of Members of Verification Board

Name	Designation	Signature	Date

Note: In the case of Final Examination relevant minute of the special result board and Senate must be attached.