*For Office use only*

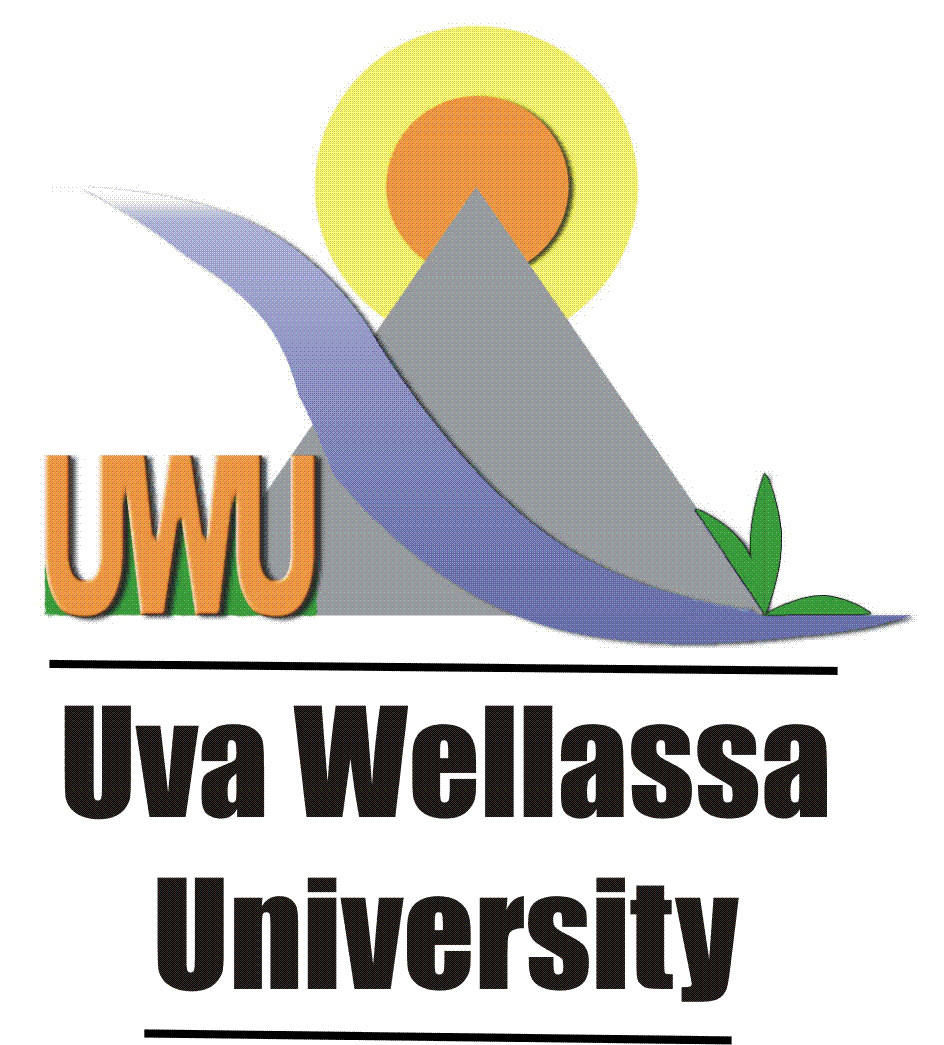
Student Registration No.: \_\_\_\_\_\_\_\_\_\_\_\_

**UVA WELLASSA UNIVERSITY**

**APPLICATION FOR CLEARANCE AND REFUNDING LIBRARY / LABORATORY DEPOSITS**

**HIGHER DEGREE BY RESEARCH**

**MPhil PROGRAMME**

****

|  |  |
| --- | --- |
| **Surname** | Mr./Miss/Mrs. |
| **Other Names** |  |
| **Registration Number** |  |
| **Date of Completion of the Programme** |  |
| **Name of the Principal Supervisor** |  |
| **Names of the Other Supervisors** | 1.  2.  3. |

Date: ……...….………………… …………………………

Signature of Applicant

**LIBRARY USE:**

**To be certified by the Librarian / Senior Assistant Librarian / Assistant Librarian**

This is to certify that the above named student has no liabilities to the Library. His/ her laboratory deposit may be released.

……………………………………………. ……………….

Librarian / Main Library Date

**LABORATORY USE:**

**To be certified by the Head of the relevant Department/s**

This is to certify that the above named student has no liabilities to this department. His/ her laboratory deposit may be released.

(a) Department of ………………………………………………………………………………

Checked by : ………………………..…………………………………………………………..

Date: ………………………..……. ……………………………

Head of the Department

(b) Department of …………………………………………………………………………………

Checked by : ………………………..…………………………………………………………

Date: ………………………..……. ……………………………

Head of the Department

**COMPUTER LABORATORY:**

**To be certified by the In-Charge of the Computer Unit**

This is to certify that the above named student has no liabilities to the Computer Unit of the Uva Wellassa University. His / her computer unit deposit may be released.

Date: ……………………………………… ……………………………

In-Charge of Computer Unit

**----------------------- For Office Use Only -----------------------**

Senior Assistant Bursar

The above named student has successfully completed his / her MPhil degree Programme. He / She is not in arrears of fees. He / She has paid the Library Tickets of Rs. …………………..………………. and Science Deposit of Rs. ………………………………. on …………………… He/ She has / no liabilities as indicated above to Uva Wellassa University. The following deposit /s may be refunded.

Science Deposit: Rs. …………………………….. Library Deposit: Rs. ……………………

Remarks (*if any*):

Checked by :………………………………………

Date :……………………………………… ……………………………………

Signature of the Secretary

Faculty Higher Degree Committee