

Student Affairs Section

UVA WELLASSA UNIVERSITY OF SRI LANKA

Application Form for Semester Registration for 2nd Year 2nd Semester, Academic Year 2020/2021

1. Enrollment No: UWU/ _____
2. Name with Initials: _____
3. Postal Address: _____
4. 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: EDSCS, Scholarship by Ports Authority etc.)

5. Working Contact No: Home: _____
Mobile: _____ e-mail _____

Date: _____

Signature of the Student

Examination Section

UVA WELLASSA UNIVERSITY OF SRI LANKA

Application Form for Subject Registration for 2nd Year 2nd Semester, Academic Year 2020/2021

Enrollment No:	UWU/ _____
Faculty:	_____
Course of Study:	_____

1. Full Name (Mr./ Miss.): _____
2. Name with Initials: _____
3. Postal Address: _____
4. Contact: Home: _____ Mobile: _____ e-mail _____

Please fill the following columns indicating the subjects which you follow in the 2nd Semester of the Academic Year 2020/2021.

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 requested subjects are true and correct.

Date: _____

Signature of Head of the Department