

## Student Affairs Section

## UVA WELLASSA UNIVERSITY OF SRI LANKA

Application Form for Semester Registration for 4<sup>th</sup> Year 2<sup>nd</sup> 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: EDCS, 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 4<sup>th</sup> Year 2<sup>nd</sup> 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 2<sup>nd</sup> 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