

Repeat

Uva Wellassa University of Sri Lanka - Badulla

Examination Entry Form

1st Semester Examination {Repeat}{2013/14 Batch,2012/13 Batch} - September/October 2015

(Closing Date will be 13.08.2015)

Registration No:

Index No:

Name of the Faculty :

Name of the Course :

Year of Study :

Repeat subject in :

1.Full Name(Miss./Mr.)

.....

2. Name with initials.....

3. NIC No : 4. Sex :

5. Permanent Address: 6. Contact Address/Temporary Address during the Examination period:

.....
.....
.....

7. Telephone/Mobile No. if any :.....

8 Date of Payment for the 1st Semester Repeat Examination:

Examination Fees (Total): Date of Payment

Receipt No :

9. Indicate the attempt under which you sit this Examination

2nd

4th

3rd

For 4th attempt – students should obtain approval from relevant

10. Reason for applying as a repeat candidate

1. Fail in the Subject

2. Not being eligible to sit due to lack of attendance

3. Approved Medical Leave

4. Not been applied the subject

11. Previous Results of Repeat subjects -

Attempt	Attempt taken in the academic year	Title of the subject (Compulsory to write the Subject title)	Subject code	Previous Results with grade
1st attempt (Proper)				
2nd attempt				
3rd attempt				

12. Please fill-in the following, indicating the repeat subjects

Repeat subject in	Title of the subject (Compulsory to write the Subject title)	Subject code	Signature of Lecturer in charge of subject	
			Eligibility to sit the Examination Yes/No	Signature
1st year subjects				
2nd year subjects				
3rd year subjects				

Total Number of subjects applied for Repeat Examination

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

.....
Date

.....
Signature of the candidate