

Uva Wellassa University
Application Form for Semester Examination Registration
Repeat Attempts

Name of the Degree Programme

Year & Semester of Examination

1. Details of the Candidate

Full Name of the candidate

Name with initials: Mr./Ms./Mrs.

Contact Number E-Mail

Academic Year of Admission

Registration Number

2. Indicate the attempt under which you sit this examination

2nd 4th *
 3rd

* Students need to obtain the approval from the Senate for 4th attempt

3. Details of the subjects to be applied.

Repeat Subjects in (1)	Course Code (2)	Title of the Subject (Compulsory) (3)	Previous results with grades (4)	Reasons for applying. (Please use the below key) (5)	Signature of the Lecturer in Charge* (6)
1 st Year					
2 nd Year					
3 rd Year					
4 th Year					

Keys to be used to fill the Colum (5) of above

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
5	For upgrade

4. Payment Details (Rate of Rs.100.00 per subject)

Fees paid for repeat Examination:	Payment Receipt Number :.....	Amount Paid Rs.
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I certify that the above information are true and correct. I am aware that no alterations can be made to this application form once it is submitted to the Examinations Division.

Date:

Signature of the Candidate:.....

Note:

1. **Payments should be made to University Shroff and the duplicate of the receipt (green colour copy) should be attached with the application form**
2. **Application forms must be forwarded to the Examinations Division on or before the stipulated date. Late submissions will not be entertained.**