

**Uva Wellassa University**  
**Application for End-Semester Examination Registration**

**FIRST ATTEMPT**

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		Index Number	

**2. Details of the course units to be taken at the examination**

S/N	Course Code	Course Title
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		

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:**

**Application for examination must be forwarded to the Examinations Division on or before the stipulated date. Late submissions will not be entertained.**