

Uva Wellassa University of Sri Lanka
Faculty of Applied Sciences
Appeal form for Grace Attempt

Registration Number	
Index Number	
Name of the Department	
Name of the Degree Programme	
Specialization Area	
Year	
Semester	

Personal Details

1. Name in Full :

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2. Name with initials:

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3. Permanent Address:

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4. e-mail Address:

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5. Telephone/Mobile No:

6. Please indicate the subjects you take as Grace Attempt.

No	Title of the course unit	course code	Level	Attempt	Year and Semester of examination	Grade Obtained	Remarks
1				1st			
				2nd			
				3rd			
2				1st			
				2nd			
				3rd			
3				1st			
				2nd			
				3rd			

I certify that the above information given is true and correct.

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Date

.....

Signature of the candidate

Office Use only

Observation of Head of the Department:

Course Unit	Course Code	Availability of the semester	HOD/Recommendation

Recommendation of the Faculty Board:

Memo No : _____

Faculty Board No : _____

Recommendation of the Faculty Board : _____

➤ The date of application forwarded to the Senate: