

Uva Wellassa University
Application Form for Semester Examination Registration
Special Repeat Attempts - 400 Level Sem I

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. Details of the course units to be applied.

Repeat Course units in (1)	Course Code (2)	Title of the Course unit (Compulsory) (3)	Previous results with grades (4)
4 th Year			

4. Payment Details (Rate of Rs.100.00 per course unit)

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:

- *Payments should be made to University Shroff and the duplicate of the receipt (green colour copy) should be attached with the application form/ university A/C No 78166821*
- *Application forms must be forwarded to the Examinations Division on or before the stipulated date. Late submissions will not be entertained.*