

**Uva Wellassa University of Sri Lanka**  
**Faculty of Applied Sciences**  
**Application form for the Continuous Assessments**

<b>Registration No</b>	
<b>Index No</b>	
<b>Name of the Department</b>	
<b>Name of the Degree Programme</b>	
<b>Level</b>	
<b>Semester</b>	

**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. NIC No: .....

7. Sex: .....

8. Please indicate the subjects you take in the ..... Semester Continuous Assessments.

No	Title of the course unit	Course code	Level	Indicate the Attempt sit for Continuous Assessments (1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup> )	Previous Grade Obtained (if applicable)	Remarks
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

NE- Not Eligible

ab- Absent

E - End Exam Fail

F - End Exam Fail

Note: Number of CA will be decided by the relevant lecturer.

MC- Medical

MC - Medical for attempt

MC\*- Medical for Continuous Assessment

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

.....  
Date

.....  
Signature of the candidate