Enrollment No.: _____
Faculty: _____
Course of Study: _____

UVA WELLASSA UNIVERSITY OF SRI LANKA
APPLICATION FORM FOR COURSE REGISTRATION FOR 200 LEVEL SEMESTER - I
ACADEMIC YEAR 2024/2025

1. Full Name: _____
2. Name with Initials: _____
3. Postal Address: _____
4. Contact: Home: _____ Mobile: _____ e-mail: _____

Please fill the following columns indicating the courses which you follow in the semester- 2 of the 2024/2025 academic year.

SN	Course	Course Code
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		

Date: Signature of the Student

I certify that the above requested courses are true and correct.

Date:

_____
Head of the Department

UVA WELLASSA UNIVERSITY OF SRI LANKA
STUDENT AFFAIRS DIVISION

APPLICATION FORM FOR SEMESTER REGISTRATION FOR 200 LEVEL SEMESTER - 2
ACADEMIC YEAR 2024/2025

1. Enrollment No. : _____
2. Name with Initials : _____
3. Postal Address : _____
4. Contact: Home: _____ Mobile: _____ e-mail: _____

Date: Signature of the Student