En	rollment No.:						
Faculty:							
Course of Study:							
UVA WELLASSA UNIVERSITY OF SRI LANKA APPLICATION FORM FOR COURSE REGISTRATION FOR 300 LEVEL SEMESTER - 1 ACADEMIC YEAR 2025/2026							
1. Full Name:							
2. Name with Initials:							
3. Permeant Address:4. Postal Address:							
4. 5	Postal Address: Contact: Home:		Mohile:	e-mail:			
0.	Contact: Florid:	1 1 1 1 1 1 1	Widdiic.	C-mail:			
Please fill the following columns indicating the courses which you follow in the Semester - 1 of the 2025/2026 academic year.							
SN			Courses			Course Code	
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2.							
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Date: Sign					Signatu	gnature of the Student	
Leartify that the above requested courses are true and correct							
I certify that the above requested courses are true and correct.							
Date: Head				Head of	ad of the Department		
UVA WELLASSA UNIVERSITY OF SRI LANKA STUDENT AFFAIRS DIVISION							
STUDENT AFFAIRS DIVISION							
APPLICATION FORM FOR SEMESTER REGISTRATION FOR 300 LEVEL SEMESTER - 1 ACADEMIC YEAR 2025/2026							
1.	Enrollment No. :			2023/2020			
2.	Name with Initials:						
3.	Permeant Address:	· ·					
4. -	Postal Address:		Mobile	o mail:			
Э.	Contact: Home:		woolle:	e-mail:			

Date:

Signature of the Student