

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

UVA WELLASSA UNIVERSITY OF SRI LANKA
APPLICATION FORM FOR COURSE REGISTRATION FOR 400 LEVEL SEMESTER - 1
ACADEMIC YEAR 2025/2026

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 1 of the 2025/2026 academic year.

SN	Courses	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

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