

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

UVA WELLASSA UNIVERSITY OF SRI LANKA
APPLICATION FORM FOR SUBJECT REGISTRATION FOR 300 LEVEL SEMESTER - II
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 subjects which you follow in the semester - II of the 2025/2026 academic year.

SN	Subjects	Subject 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 subjects are true and correct.

Date: _____

Head of the Department

UVA WELLASSA UNIVERSITY OF SRI LANKA
STUDENT AFFAIRS DIVISION

APPLICATION FORM FOR SEMESTER REGISTRATION FOR 300 LEVEL SEMESTER - II
ACADEMIC YEAR 2025/2026

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

Date: _____

Signature of the Student