

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

UVA WELLASSA UNIVERSITY OF SRI LANKA
APPLICATION FORM FOR COURSE REGISTRATION FOR 100 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 courses which you follow in the semester - II 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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