



Faculty of Graduate Studies

UNIVERSITY OF SRI JAYEWARDENEPURA,
GANGODAWILA, NUGEGODA - SRI LANKA

Tel: 0115523642 Fax: 0112802551

FGS/BOSM/01

Application for the Repeat Examinations

01. Name in Full:

02. Address:

03. NIC No:

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04. Telephone:

Mobile

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Residence

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05. E-Mail Address :

06. Course Details

- Program :
- Year :
- Registration No :
- Date of Registration :
- Year of Extensions if any :

07. If you are a repeat candidate Please Specify the Year:

Index Number :

Repeat Subjects:

No:	Code	Subject Name
01		
02		
03		
04		
05		
06		
07		
08		
09		
10		

08. Payment Details

- Name of the Bank:
- Branch :
- Date :
- Amount :

I certify that the above details are true and correct.

.....
Date

.....
Signature of Candidate

Office use only

Approval of the Course Coordinator

.....
Approved/ Not Approved

.....
Date

.....
Course Coordinator's Signature

Remark

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