



Faculty of Graduate Studies

UNIVERSITY OF SRI JAYEWARDENEPURA,
GANGODAWILA, NUWEGODA - SRI LANKA

Tel: 0115523642 Fax: 0112802551

FGS/BOSM/04

Requests of Students

01. Name:

02. Address:

03. Telephone:

Mobile

Residence

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04. Program :

05. Year :

07. Registration No :

08. Index No (If available) :

09. Present Year of Studying and Semester:

10. Requests:
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11. Supporting Documents Attached (In case of a medical reason, a medical certificate from a qualified medical practitioner is required)

Annexure 01:

Annexure 02:

Annexure 03:

12. Whether you have paid all relevant fees up to now (see 06 above)

Yes	
No	

13. Whether your registration is valid the moment:

Yes	
No	

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Date

Signature of Candidate

14. Recommendation of the Supervisor (if applicable)

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Date

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Signature of Supervisor

15. Recommendation of the Coordinator (if applicable)

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Date

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Signature of Coordinator

Office use only

Subject Clerk:	Signature	Date
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Deputy Registrar	Signature	Date
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Remark		
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Instructions

Duly filled request form must be submitted to Faculty of Graduate Studies at least 10 days before the Board of Studies meeting.