## **University of Sri Jayewardenepura**

## Faculty of Graduate Studies



## Application for an Academic Transcript

<b>Full Name of the Applicant</b> ( In Sinhala)		
<b>Full Name of the Applicant</b> ( In English)		
Name with Initials	Rev. / Dr. / Mr. / Miss / Mrs :	
Name of the Degree		
Registration Number	Index No ( If app	licable)
NIC No.		
Email Address		
Contact Number		
Postal Address		
Title of the Thesis (Only applicable for M.Phil. & PhD programs)		
Purpose for which the transcript is required		
Number of transcripts required		
Amount Paid ( Rs)	Payment Rece	ipt No

Address(es) to which the Transcript should be sent: ( Please indicate the Designation of the relevant Officer)			
01.	02.	03.	

I hereby certify that the information given above is true and accurate, and that all dues to the University in connection with the issuance of an academic transcript have been settled.

Signature of the Applicant : .....

Date : .....

## NOTES

- 1. Only the duly completed application forms will be processed.
- 2. In case Addressed Transcripts are required for Scholarships/Higher Studies, Interviews, Employers, etc., recipient details should be provided.
- 3. Documents will be issued after 01 week from the date of submission of the application.
- 4. The following payments are applicable. Payments can be made to any branch of the People's Bank using the paying in voucher enclosed in your payment portal or as card payments. A clear proof of payment should be attached to the Faculty of Graduate Studies with this application. **Transcript (Each per One Address) - Rs. 1000.00 Additional Copy -: Rs.150.00**