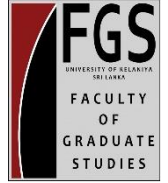




University of Kelaniya
Faculty of Graduate Studies
Application for Examination



Degree Programme:

- 01. Name in Full :
- 02. Permanent Address :
- 03. Student No :
- 04. Telephone No :
- 05. E-mail :
- 06. Full Course fees have been paid / not paid (1st Installment / 2nd Installment / 3rd Installment)
 (Please note that those who have not paid the course fees would not be allowed to apply for the exam)
 - i. The bank and the branch of the payment made:
 - ii. Date: (If you have not submit the 1st copy of the pay in-voucher to the FGS, please attach a copy of the Pay in-voucher)
- 05. Is the applicant sitting the exam for the first time?
- 06. Is the applicant repeating the exam?

 - (a) If yes, appearing for all the papers?
 - (b) Or, repeating only the papers failed?
 - (c) The bank and the branch of the payment made:
 - Date: (Please attach a copy of the bank receipt)

- 07. Please write the code numbers and names of the papers
 - 01.
 - 02.
 - 03.
 - 04.
 - 05.
 - 06.

I certify that all the information furnished above is true and accurate to the best of my knowledge.

.....
Signature of the applicant

Date:

Important:

a) Examination fees and Renewal of Registration for repeat students :

* **Rs.1000/-** for each repeat paper and **Rs.5000/=** for each year of extension.

b) Please submit proofs (letter from the FGS) if you are considered as a first timer.

All the applications should be handed-over to the Senior Assistant Registrar/Faculty of Graduate Studies on or before.....

For office use only:

1. Course fees have been paid in **full / part / not paid**
2. Extension/Renewal is **paid / not paid**
3. Exam fee is **paid/ not paid**

Checked by:

Name:

**Assistant Registrar
Faculty of Graduate Studies**

Date:

Date:

Recommendation of the Head of the Department / Coordinator:

* Application is complete/ incomplete. Allowed/not allowed to sit for examination.

* Applicant has/has not fulfilled the requirements to sit for the examination.

Recommended/ Not Recommended

.....
Head of the Department / Coordinator

Date:

(Official Stamp)