

SABARAGAMUWA UNIVERSITY OF SRI LANKA

Application for Registration for the Academic year 2019/2020

(for Senior Students)

1. Full Name:-
Name with Initials:-
2. Registration No:-
3. a). Permanent Address:-
.....
.....
Tele. No.:-
- b). Present Address:-
.....
.....
Tele. No.:-
- c). Contact Address:-
.....
.....
Tele. No.:-
4. Faculty:- Year:- (2nd/3rd/4th)
- 4.1 Department:-
- 4.2 Study Programme:-
- 4.3 Subjects intending to study in the first semester:-

Code No.	Subject
i.	
ii.	
iii.	
iv.	
v.	
vi	
vii.	

4.3.1 Subject intending to study in the second semester:-

Code No.

Subject

- i.
- ii.
- iii.
- iv.
- v.
- vi
- vii.

5. Particulars of the examinations you sat at the University:-

Year	Index No.	Examination	Medium	Results
.....
.....
.....
.....
.....

6. Particulars of any examination which you could not sit previously:-

7. Registration fees:- Amount paid:-
- Date of payment: -

Date:-

Signature

8. Recommendation of the Head of Dept./Coordinator/Dean:-

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Signature: -

(Head of the Dept./Coordinator/Dean)