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SABARAGAMUWA UNIVERSITY OF SRI LANKA
විවෘත සහ දුරස්ථ අධ්‍යයන කේන්ද්‍රය
Centre for Open and Distance Learning

තැ.පෙ. 02,බෙලිහුල්මය 70140/ P.O. Box 02, Belihuloya - 70140

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Web site: <http://www.codl.sab.ac.lk>
E-mail: info@codl.sab.ac.lk

මගේ අංකය }
My No. } SU/EXT/01/BBA /2022/ Exam Inform

ඔබේ අංකය }
Your No. }

දිනය }
Date } 10.10.2024

Dear Students,

Calling for application for the Year II Semester II Examination
Bachelor of Business Administration General (External) Degree – 2022/2023 2nd Batch

The students of 2022/2023 (2nd) batch are requested to apply for the examination by submitting the duly completed applications to the **Deputy Registrar, Centre for Open and Distance Learning, Sabaragamuwa University of Sri Lanka, Belihuloya** on or before 24.10.2025.

Details of the subjects

<i>Subject Code</i>	<i>Name of Subject</i>
EBBA 2214	Finance Management
EBBA 2224	Operations Management
EBBA 2233	Consumer Behavior
EBBA 2243	Taxation
EBBA 2253	Auditing

NOTE:

- Exam application should be printed on both side of the paper.
- Incomplete, incorrect, and late applications may be rejected.
- **Application form must be sent through Registered Post Only.**

Deputy Registrar
For Registrar
Centre for Open and Distance Learning
Deputy Registrar
Centre for Open and Distance Learning
Sabaragamuwa University of Sri Lanka
P.O. Box 02
Belihuloya - 70140

For official use only
Index No: CODL/.....



**SABARAGAMUWA UNIVERSITY OF SRI LANKA
CENTRE FOR OPEN AND DISTANCE LEARNING**

**BACHELOR OF BUSINESS ADMINISTRATION GENERAL (EXTERNAL) DEGREE
2022/2023 (2nd BATCH)
YEAR II SEMESTER II EXAMINATION APPLICATION**

1. Registration No: **CODL/.....**

2. i. Name with initials (In block letters) Mr./ Mrs./ Ms:

.....
- ii. Name denoted by initials:

3. Permanent address:

.....
.....
4. Address during the period of Examination:

.....
.....
5. Contact Telephone No:

6. Date of Registration:

7. Have you previously postponed sitting this examination due to illness (supported by a medical certificate) or any other reason? If so, please provide details.

.....

(This application should be printed on both side of a paper)

8. Amount of fee paid:

Amount:

Date of payment:

9. Subjects for which you are applying:

No.	Code	Name of the subject	Attempt
1.			
2.			
3.			
4.			

I certify that the information provided above is correct. I am aware that my application may be rejected if any of the information is incorrect.

Date:

.....
Signature of the candidate

FOR OFFICE USE ONLY

Recommendations:

I hereby authorize that the candidate is recommend for the examination.

.....
Signature of the Course Secretary

Date:

.....
Signature of the Course Coordinator

Date:

Approved

.....
Signature of the Director/ Deputy Registrar
CODL

Date: