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**Centre for Open and Distance Learning**  
තැ.ප. 02,බෙලිහුල්මය 70140/ **P.O. Box 02, Belihuloya - 70140**

Application form to be filled out to request a postponement for an examination.

❖ Please use the X mark in the relevant box.

❖ Reason/s for postponing the examination/s

1. Due to medical reason/s

☐

2. Due to other examination/s

☐

3. Due to other personal reason/s

☐

It is mandatory for you to submit the required documents within 30 days of the examination to certify the above (original copy of the medical report/ photocopy of the relevant examination document in case of an examination/documents related to any other personal request). The application attached to this document should be received to the address: The Director, Centre for Open and Distance Learning, Sabaragamuwa University of Sri Lanka.

I. Status.

Mr.

☐

Ms.

☐

Rev.

☐

II. Name with initials: .....

IV. Course offered: ..... V. Year: .....VI. Batch: .....

VII. Registration Number: .....

VIII. The name of the examination you were unable to: .....  
take at the Centre for Open and Distance Learning

IX. The date of the examination you were

Scheduled to appear at the: .....

Centre for Open and Distance Learning

X. Details of the date or dates on which you were: .....  
Unable to attend the examination

XI. Address: .....

XI. Mobile Phone Number: .....

XII. National Identity Card Number: .....

XIII. Signature of the Student: .....

XIV. Date: .....

**For Office Use only**

❖ EXT number of those who have checked that  
the information is correct and the facts stated in - EXT..... Signature: ..... Date: .....  
the attached document with the examination dates is correct

❖ Recommend / Not Recommended and - Signature of the Director / CODL: ..... Date: .....  
submitted the approval of Board of Study / CODL