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

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

Telephone / දුරකථන : +94 45 2280179 / : +94 45 2280014
Web site:http: www.codl.sab.ac.lk
E-mail: info@codl.sab.ac.lk

මගේඅංකය / My No. **SU/EXT/08/DE/25/Mid Exam**
ඔබේඅංකය / Your No.
දිනය / Date **19-03-2025**

Mid Examination of Diploma in English (Weekday programme) 2025 Batch

This is to inform you that the mid examination of Diploma in English is scheduled to be held in **April 2025.**

You are hereby requested to send the completed application form and the payment evidence (Green colour- customer copy of the bank slip) for the **second instalment** of the course fee, **Rs. 8000/=** to reach the Director, Centre for Open and Distance Learning, Sabaragamuwa University of Sri Lanka, Belihuloya 70140, on or before **10th April 2025.**

The Bank details and Subject codes are given below.

Bank Details
Bank - **Bank of Ceylon**
Account Number – **0002246875**
Account Holder - Sabaragamuwa University of Sri Lanka

Note: please mention your Name and Registration Number clearly on the bank slip

Subjects and Subject codes

Subject Code	*Name of Subject*
ES/DE/1141	Language Structure
ES/DE/1142	Advanced Reading
ES/DE/1143	Advanced Writing
ES/DE/1144	Speech and Listening

The timetable for the examination will be notified in due course. Please note that incomplete, incorrect and late applications will not be accepted.

Senior Assistant Registrar
Centre for Open and Distance Learning
For Registrar

Senior Assistant 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/25DEWD……..

SABARAGAMUWA UNIVERSITY OF SRI LANKA
CENTRE FOR OPEN AND DISTANCE LEARNING
DIPLOMA IN ENGLISH (Weekday Programme) – 2025 BATCH
MID EXAMINATION APPLICATION FORM

1. Registration No: .....

2. I. Name with initials: .....
   (In block letters)

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

   .....

3. State whether Mr./Ms.: .....

4. Permanent address: .....

   .....

   .....

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

   .....

   .....

6. Contact Telephone No: ……..……..……..……

7. Date of registration: .....

8. Have you postponed sitting this examination earlier due to illness (Supported by Medical certificate) or any other reasons? If so give particulars.

   .....

9. Amount of fees paid.

Amount: .....

Date of payment & receipt No: .....

10. Subjects applying for

Code	*Name of the subject*	*Attempt*
01……	…….	…….
02……	…….	…….
03……	……	…….
04……	……	…….

I certify that the above information is correct. I am aware that my application shall be rejected, if any of the information given above is incorrect.

Date: ....

Signature of the candidate

FOR OFFICE USE ONLY

Recommendation:

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

Date :..... .....
Signature of the Course Secretary

Date :..... .....
Signature of the Course Coordinator

Approved -

Date :-..... .....
Signature of the Director/Asst. Registrar
CODL-