

**FOR OFFICE USE ONLY**

Index No.: .....

**SABARAGAMUWA UNIVERSITY OF SRI LANKA  
FACULTY OF APPLIED SCIENCES**

**YEAR III SEMESTER II (2020/2021)  
PROPER EXAMINATION  
(August/ September 2025)**

**EXAMINATION APPLICATION FORM**

01. Registration No : ..... Index No : ..... Medium : .....
02. Full Name (In English Block Letters) : .....  
.....
03. Please state the subject/subjects that you expect to offer for the Examination.

<b>COURSE CODE</b>	<b>COURSE TITLE</b>	<b>SIGNATURE OF LECTURER INCHARGE CONFIRMING THAT THE CANDIDATE HAS FOLLOWED THE COURSE SATISFACTORILY AND IS ELIGIBLE TO SIT THE EXAMINATION.</b>
PED 32201	Specialization of Selected Sport - I	
PED 32202	Test and Measurement in PE	
PED 32203	Comparative Physical Education	
PED 32204	Sociology of Sports	
PED 32205	Sport, Education Ethics & Law	
PED 32206	Olympic Movement	
PED 32207	Research Methodology in Physical Education	
<b>Elective (One Subject to be selected from the following elective subjects)</b>		
PED 32108	Child and Adolescent Psychology	
PED 32109	Sexual Health, Relationships and Sexualities	
PED 32110	Sport Journalism	
PED 32111	Drugs and Sports	

04. State whether Mr. / Ms.: .....

05. Permanent Address: .....

.....  
.....  
.....

06. Address during the period of Examination :

.....  
.....  
.....

07. Contact Number : .....

08. Date of admission to the University : .....

09. Have you been registered for this year : .....

Give date of payment of registration fees for the course : .....

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

11. Amount of fees paid. (for the first time need not pay examination fees).

Amount: .....

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

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 Candidate.

- Delete as appropriate