

**FOR OFFICE USE ONLY**

Index No.: .....

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

**YEAR IV SEMESTER I (2019/2020)  
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.

COURSE CODE	COURSE TITLE	SIGNATURE OF LECTURER INCHARGE CONFIRMING THAT THE CANDIDATE HAS FOLLOWED THE COURSE SATISFACTORILY AND IS ELIGIBLE TO SIT THE EXAMINATION.
PED 41101	Professional Development	
PED 41302	Sports Administration	
PED 41203	Adapted Physical Education	
PED 41204	Community Service Project	
PED 41205	Sport Facility Design	
PED 41206	Science of Yoga and Relaxation	
PED 41207	Specialization of Selected Sport (Coaching)	
PED 41208	Physical Literacy	
<b>Elective (Two subjects to be selected from the following elective subjects)</b>		
PED 41109	School Policy and Programs in Sri Lanka	
PED 41110	Reflective Practices in Physical Education	
PED 41111	Guidance and Counselling	

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