

FOR OFFICE USE ONLY

Index No.:

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

**YEAR IV SEMESTER I (2019/2020)
PROPER & R/M EXAMINATION
(August/ September 2025)**

EXAMINATION APPLICATION FORM

01. Registration No : Index No : Medium :
02. Full Name (In English Block Letters) :
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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.
SSM 41201	Exercise Prescription	
SSM 41202	Practicum III: Teaching Practice	
SSM 41303	Specialization II: Sport Coaching and Practices	
SSM 41204	Applied Biomechanics	
SSM 41305	Sport Administration	
SSM 41206	Contemporary Issues in Sport Development	
SSM 41207	Tourism Promotion Through Sport and Leisure	
One subject to be selected from the following elective subjects		
SSM 41108	Digital Society and Sport Application	
SSM 41109	Nutrition Periodization	

04. State whether Mr. / Ms.:

05. Permanent Address:

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.....

06. Address during the period of Examination :

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.....
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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