ශී ල∘කා සබරගමුව විශ්වවිදාහලය Sabaragamuwa University of Sri Lanka

තාක්ෂණ පීඨය Faculty of Technology

නිසි පරිදි සම්පූණර් කරන ලද අයදුම්පත්, අදාළ වෂර්ාධර්යේ අවසාන විභාගය ආරම්භ වීමට පෙර අදාළ අධායනාංශය වෙත භාර දිය යුතුය. Duly filled application should be handed-over to the respective Department of Studies <u>before commencement of the Semester End Examination</u>.

සිවු වන වරටත් පෙනී සිටීම සදහා ඉල්ලීම

Request for a Grace Chance to sit the examination as 4th Attempt

| මුලකුරු සමහ නම Mr. Ms. Ms. Ms. (ඉංගුිසි කැපිටල් අකුරින්) Name with initials: (in BLOCK CAPITAL letters) ලියාපදිංචි අංකය / Registration No.: විභාග අංකය / Index No. | | | | | | | | | | | | | |
|--|---|--|--------------------------|--------------------------|---------|---------|---------|------------|-----------|--------------------------|----------------------|-------------------|-------------|
| 4 6 6 7 2 | epartment. | | | | | | | | | | | | |
| අධාၖයන | වෂර්ය / Academ | ic Year: | ६७ | නට සිටින | ා වෂර් | ය හා දි | වෂර්ාධ | ර්ය / C | urrer | nt Year | & Sem | ester: | |
| අනු. අ∘. S/No. | විෂය අංකය Subject Code | | | විෂය විස් Subject ි | | | | | | | රාධර්ය nester | | වසර Year |
| 01. | | | | | | | | | | | | | |
| 02. | | | | | | | | | | | | | |
| 03. | | | | | | | | | | | | | |
| 04. | | | | | | | | | | | | | |
| 05. | | | | | | | | | | | | | |
| වතාවටත් Please be semester e | ්ළග අධාායන වෂ පෙනී සිටීමට ඉඩ (good enough to end examination. | ලබා දෙන මෙන් : allow me to si (supporting do | කාරුණිකව it the above | ඉල්ලා සිටි e said sul | මි. (අව | ශා ලිං | ෘකියවි(| දු අමුණ | စ်၁ ဗုံက္ | ກ). tempt) ຜູ້ | at the පීෂායා | next ෙ ගේ අ | particular |
| | | (TO BE FIL | LED BY THE I | HEAD OF T | HE DEP | ARTME | NT OF S | TUDIES | <u>6)</u> | | | | |
| Attendance: Satisfactory Unsatisfactory Unsatisfactory Service Unsatisfactory Service Unsatisfactory Service Unsatisfactory Un | | | | | | | | | | | | | |
| Date: | | | | | | | | | | | | | |
| 1 Dete | of the first /1-1\ | , | BE FILLED BY | | | | | <u>:H)</u> | | | | | |
| 2. Whe | of the first (1st) ther the student plinary actions | t has registered | | | ademi | c year | ? | | Yes | | | No. | |
| ••••• | | | | | | | | | | | | | |

Snr. Asst. Registrar / Students Affairs

Date:

(TO BE FILLED BY THE EXAMINATION BRANCH)

| 1. | Details | of: | previous | attempts | of | the | subi | ect |
|----|---------|-----|----------|----------|----|-----|------|-----|
| | | | | | | | | |

| A | Year | Grade ('+' mark for medicals, 'ab' for absent) | | | | | | | |
|-------------------------|------|--|--|---------------|--|---------------|--|--|--|
| Attempt | | Subject Code: | | Subject Code: | | Subject Code: | | | |
| 1st Attempt | | | | | | | | | |
| 2 nd Attempt | | | | | | | | | |
| 3rd Attempt | | | | | | | | | |

| ۷. | . Details of previous requests made for the 4 attempt except this subject. | | | | | | | | |
|----|--|-----------------------------------|--|--|--|--|--|--|--|
| | Subject/s | Grade obtained in the 4th attempt | | | | | | | |
| | 1. | | | | | | | | |
| | 2. | | | | | | | | |
| | 3. | | | | | | | | |

| 3 | No. of 'D' Grades: | | 4 | No. of subject failed: | |
|----|--------------------|---|----|--------------------------|--|
| ٠. | 1 to: of B Grades. | • | 1. | 1 vo. of bubject fuffed. | |

- 5. No. of Medical, Excuses submitted:
- 6. Subject to be completed up to now:

| Subject | Year | Semester |
|---------|------|----------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |

7. Details of the subjects that results yet to be released:

| Subject | Year | Semester |
|---------|------|----------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
| 6. | | |
| 7. | | |
| 8. | | |

| | 0. | | | | | | | |
|-----|--|--|-------------------------|--|--|--|--|--|
| | 7. | | | | | | | |
| | 8. | | | | | | | |
| 8. | Exam offences done (If any): | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Dat | e: | | SAR / Examinations (sea | | | | | |
| | (TO BE FILLED BY THE OFFICE OF THE DEAN) | | (See | | | | | |
| Fac | ulty Board Meeting No Date: | | | | | | | |
| The | The Faculty Board has recommended / not recommended the request. If not recommended, reason: | | | | | | | |
| | * | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

Asst. Registrar/FOT