

FOR OFFICE USE ONLY

Index No.:

SABARAGAMUWA UNIVERSITY OF SRI LANKA
FACULTY OF COMPUTING
BSc (HONS) IN COMPUTING AND INFORMATION SYSTEMS
SEMESTER VII EXAMINATION
(MEDICAL/REPEAT)
(October - 2026)
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.
IS7101		
IS7102		
IS7103		
IS7104		
IS7105		
IS7106		
	ELECTIVE	
IS7107		
IS7108		
IS7109		
IS7110		
IS7111		
IS7112		

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