**SABARAGAMUWA UNIVERSITY OF SRI LANKA**

**Application for Registration for the Academic year 2015/2016**

**(for Senior Students)**

1. Full Name:- …………………………………………………………………………………………

Name with Initials:- ………………………………………………………………………………...

1. Registration No:- ……………………………………………………………………………………
2. a). Permanent Address:- ……………………………………………………………………

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Tele. No.:- ……………………………………………………………………

b). Present Address:- ……………………………………………………………………

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……………………………………………………………………

Tele. No.:- ……………………………………………………………………

c). Contact Address:- ……………………………………………………………………

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……………………………………………………………………

Tele. No.:- ……………………………………………………………………

1. Faculty:- ……………………………………………………... Year:- (2nd/3rd/4th) ………………..
   1. Department:- ……………………………………………………………………………….
   2. Study Programme:- ………………………………………………………………………...
   3. Subjects intending to study in the first semester:-

Code No. Subject

i.

ii.

iii.

iv.

v.

vi

vii.

4.3.1 Subject intending to study in the second semester:-

Code No. Subject

i.

ii.

iii.

iv.

v.

vi

vii.

1. Particulars of the examinations you sat at the University:-

Year Index No. Examination Medium Results

…………….. …………. …………………………… …………… ……….

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1. Particulars of any examination which you could not sit previously:-

……………………………………………………………………………………………………….

1. Registration fees:- Amount paid:- …………………………………………………..

Date of payment:- …………………………………………………..

Date:- …………………………………. ………………………...

Signature

1. Recommendation of the Head of Dept./Coordinator/Dean:-

……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….

Signature:- ……………………………………………………

(Head of the Dept./Coordinator/Dean)