…………………………………

…………………………………

…………………………………

Asst. Registrar

Academic & Student Services

Sabaragamuwa University of Sri Lanka

Belihuloya.

**WITHDRAWAL OF CERTIFICATES**

I, whom have been registered and study under registration number ………………… in the faculty of ……………………….and a resident of the above address, would be very grateful if you would take the measures to return the originals of the following certificates which are necessary for ………………………… ………………………………………………………………………………………………

1.

2.

3.

4.

5.

………………………………… …………………………………

 Student Signature Date

For office use

Certified copier of above mentioned documents are available in the file.

………………………………… …………………………………

 Clark Date

Approved to issue above mention document.

…………….…………………………

Senior Assistant Registrar

Academic & Student Services

I hereby state that I received the originals of the above copies which are

indicated by the serial no …………………………

………………………………… …………………………………

 Student Signature Date