

**Faculty of Graduate Studies  
University of Ruhuna  
Application for the Examination**

Name of the Degree Programme .....

1. Registration No: .....
2. Name :
  - I. Full Name: .....
  - .....
  - II. Name with Initials: .....
  - .....
3. Contact Details:
  - I. Permanent Address: .....
  - .....
  - .....
  - II. Telephone: (Home): .....
  - (Mobile): .....
4. Course Units requested for the examination

Course Unit Code (Module No.)	Course Unit /Module Title	Attempt (No.of attempt previously sit for the module)

(Attached the evidence if previous attempt has excused)

5. Previous attempts in Examination of course units requested above (if any)

Year	Course Code	Grade
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....

6. Examination Fees Paid: Rs: .....  
*(Receipt should be attached)*

(The payment can be deposited to the collection account of the University of Ruhuna through any branch of People’s Bank giving the relevant reference number. Please note that University of Ruhuna is not responsible for any payment proof above reference number)

I certify that the above details are correct and true. I know that my application will be rejected if it is found that details given by me is incorrect. I agree to follow the rules and regulations applicable to examinations of the university.

.....  
Date

.....  
Signature of the Applicant

**Office use only**

The application was checked and the applicant is eligible to sit for the examination of following papers.

1. ....
2. ....
3. ....
4. ....
5. ....
6. ....

Reasons, if not eligible:

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.....  
.....  
.....

.....  
Date

.....  
Checked by