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: ……..
   ……..
   III. Course Fee Payments:……
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	Remarks (if Medical Certificate/Other reasons)

(The relevant payment for the examination 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