



# Faculty of Graduate Studies University of Sri Jayewardenepura

## Name confirmation of writing of degree certificate

- 1. **Name with initials** : Rev/Dr./Mr/Ms .....
- 2. **Registration Number** : .....
- 3. **Index Number** : .....
- 4. **Course of study** : .....
- 5. **Contact Number** : .....
- 6. **Email** : .....

### **Name to appear in the Degree Certificate in the following manner**

I do hereby certify that the full name written below is spelt correctly and the correct order to appear in the degree certificate. I understand that under no circumstances will the name be corrected and any certificate re-issued to me.

English \*

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Sinhala \*

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\* compulsory

Date:.....

Signature of the Applicant:.....