



**FACULTY OF GRADUATE STUDIES
UNIVERSITY OF SRI JAYEWARDENEPURA**

P.O. Box 06, Nugegoda, Sri Lanka

Repeat Exam Application

Name of the Degree Program:

Semester of Examination:

Full Name of the Candidate:

Name with initials:

Contact Number: Email:

Academic Year of Admission NIC:

Registration Number: Index No:

Indicate the attempt under which you sit this examination -

2nd

3rd

4th

Details of the subjects to be applied				
Repeat Subjects in (01)	Course Code (02)	Title of the Subject (Compulsory) (03)	Previous results with grades (if any) (04)	Reasons for applying (Please use the below key) (05)
1st Semester				
2nd Semester				

Keys to be used to fill the Colum (5) of above

1	Fail in the subject
2	Approved Medical Leave
3	Not been applied the subject

Note:

- **Repeat Examination Fee Rs. 500/- (Per Subject)**
(Not applicable for Approved Medical Leaves)
- **Registration Renewal Fee Rs. 5000/- (Per Year)**
(Applied only after completion of 1st year)
- **Application forms must be forwarded to the Faculty of Graduate Studies (FGS) on or before the stipulated date. Late submissions will not be entertained**

I certify that the above information are true and correct. I am aware that no alterations can be made to this application form once it is submitted to the Faculty of Graduate Studies.

Date -

Signature of Candidate -

Office use only

Approval of the Course Coordinator – (Approved / Not Approved)

.....
Date

.....
Course Coordinator's Signature

Remarks

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