



THE UNIVERSITY OF VAVUNIYA , SRILANKA

Examination Entry Form for Proper Candidate

**To be completed and returned to the Senior Assistant Registrar
(Examination & Student Services)**

Index No
(For Office use)

Faculty of

Name of Examination :.....

1. Name with initials : Mr./Mrs./Miss.
2. Name denoted by initials :
3. Registration No :
4. Address (Present):
.....
5. Date of Admission:
6. Details of the subjects being applied

Course unit	Title of the paper

.....
Date

.....
Signature of Candidate

Dean

This is to certify that the above student has satisfactorily attended the lectures for all the course units except the following course units' end of the closing date of the examination entry form first semester/ second semester of the Academic year

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.....

Date:
Head of the Department

Senior Asst. Registrar
Examinations & Student Services

It is recommended to allow the above student to sit the examinations of the all course units except the following course units' end of the closing date of the examination entry form first/second semester of the academic year.

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Date:
Dean