



*Re-sit/Upgrading of
Results only*

THE UNIVERSITY OF VAVUNIYA, SRILANKA
Examination Entry Form
To be completed and returned to the Deputy Registrar
(Examination and Student Admission)

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. Mobile Phone No :.....

6. Date of Admission:

7. Fees paid for Examination :.....Amount.....Date.....

8. State the period of absence from the Campus during the Semester

.....

Please State previous results of the subjects failed

| Unit Code | Subject Title | Result | | | Signature of Lecturer |
|-----------|---------------|-------------------------|-------------------------|-------------------------|-----------------------|
| | | 1 st attempt | 2 nd attempt | 3 rd attempt | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

The above details are true and correct

.....
Signature of Candidate

Dean

This is to certify that the above student has submitted / not submitted in course assignments during the First / Second /Third of the Academic year

Date:.....

.....
Head of the Department

DR – Examination & Student Admission

It is recommended to allow the above student to Re- Sit the Examination of the above course units during the first / Second semester examination

Date:

.....
Dean

Office use for only Examination & Student Admission only

Accepted/ Rejected

Date :

.....
DR/ Examination & Student Admission