

### Application for Study Leave for Students Going Abroad

Student number  Faculty

1. Full name

2. Name with Initials

3. Permanent Address

4. Contact Information

Mobile	-
Fixed	-
Email	-

5. Have you already obtained a deferment Yes  No

If yes, state the academic year

6. Academic year applicable for leave to travel abroad  20 /20

Current stage of the academic programme 1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  4<sup>th</sup>

7. Purpose for going abroad

i ) If it is for an academic programme :

a) Name of the programme

b) University / Institute

c) Duration

d) Country

e) Do you wish to apply for a credit transfer

If yes, state the relevant subject codes that you wish to credit transfer

**\*The application for credit transfer can be obtained from the Academic Division.**

**ii) If it is for a Nomination by University**

a) Reason	<input type="text"/>
b) Duration	<input type="text"/>
c) Country	<input type="text"/>

**iii) Personal Visit**

a) Reason	<input type="text"/>
b) Duration	<input type="text"/>
c) Country	<input type="text"/>

**8. Details of Examination/Academic programme/course unit you are unable to follow/complete due to the above visit.**

Academic Year	<input type="text"/>
Examinations	<input type="text"/>
Course units	<input type="text"/>

I certify that this information is true and correct to the best of my knowledge. I am aware that if proved that misleading and inaccurate information is provided, my appeal will be rejected and disciplinary actions may be taken.

Signature of the student .....

Date .....

**For office use**

Is the Academic programme request by the student is approved by the University of Kelaniya ?

Yes ☐ No ☐

If the student is from Faculty of Humanities or Social Science, Recommendation of the Director/Inter-Faculty Curriculum Coordinating Unit- Recommended / not recommended

Checked by - ..... Signature - .....

Date - .....

Recommendation of the Dean of the Faculty - Recommended / not recommended

Signature - .....

Checked by - .....

Date - .....

Recommendation of the Appeal Committee :

Appeals Committee Meeting No .....

Date of Appeals Committee

Meeting .....