**FACULTY OF SCIENCE – UNIVERSITY OF KELANIYA**

**APPLICATION FOR INTERIM CERTIFICATES – RESULTS**

1. Surname (Mr / Mrs / Miss) :………………………………………………………………

Other names in full :………………………………………………………………

1. Permanent Address :………………………………………………………………

……………………………………………………………….

1. Telephone No :………………………………………………………………
2. Date of first entry to the University :……………… Student No: ………………….
3. Results

|  |  |  |  |
| --- | --- | --- | --- |
| **Year 1** | **Year 2** | **Year 3** | **Year 4** |
| **Course Unit** | **Grade** | **Course Unit**  | **Grade** | **Course Unit**  | **Grade**  | **Course Unit**  | **Grade** |
|  |  |  |  |  |  |  |  |

Fees for the interim certificates are as follows:

 Interim Certificates (Results) : LKR: 100/=

Date : ……………………….. Amount paid :………………………

Date of Payment : ……………………….. Receipt No :……………………… ............................................

 Signature of the Applicant

**Instructions to students:**

* Email the duly filled form in word and PDF formats to fscrequests@kln.ac.lk along with a copy of the payment receipt.
* Bank Details: Peoples Bank, Dalugama Branch, Account Name : University of Kelaniya, Account No: 055 1001 1066 7549.

**For office use:**

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Prepared by : Date : ……………………