Application closing date:

**10.05.2021 UNIVERSITY OF KELANIYA - SRI LANKA**

**FACULTY OF SCIENCE**

**2019/2020 ACADEMIC YEAR**

**\*required REGISTRATION FORM FOR COURSE UNITS**

***(Use block capitals only)***

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**\*LEVEL**

**\***STUDENT NUMBER

**\***STUDENT NAME: **Mr. Ms.** ………………………………………………………………………………...

ADDRESS: ………………………………………………………………………………………………………………….

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**\*COURSE UNIT COMBINATION**

**OPTIONAL COURSE UNITS**

SEMESTER 1

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CREDITS

SEMESTER 2

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CREDITS

OPTIONAL CREDITS

**COMPULSORY COURSE UNITS**

SEMESTER 1

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CREDITS

SEMESTER 2

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**AUXILIARY COURSE UNITS**

SEMESTER 1

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CREDITS

SEMESTER 2

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CREDITS

AUXILIARY CREDITS

CREDITS

COMPULSORY CREDITS

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| **TOTAL NUMBER OF CREDITS** |

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DATE SIGNATURE OF APPLICANT

**………………… ……………………………**

DATE SIGNATURE OF PERSONAL TUTOR

**ANY CHANGES TO THE REGISTERED COURSES WILL NOT BE DONE AFTER TWO WEEKS OF THE COMMENCEMENT OF THE SEMESTER.**