Closing date of Application: 07.10.2022

UNIVERSITY OF KELANIYA
APPLICATION FOR REPEAT/MEDICAL EXAMINATIONS
ACADEMIC YEAR 2020/2021 - SEMESTER I

<table>
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Instructions:

1. Mention the results obtained (E, D+, D, or C-) for each module separately with the relevant academic year. If you have been absent for the module mention it as 'AB', **if you have obtained the approval for the medical application mention it as 'MED'**, if the results are withheld mention it as 'WH'.

2. Relevant amount should be deposited which is **LKR 10.00** for a medical module and **LKR 100.00** for a repeat module, to the Peoples Bank, Dalugama Branch, Account Name: University of Kelaniya, Account No: 055-100130667553.

3. **The duly filled application, copy of the medical approved letter and the copy of the payment receipt should be attached and <u>should be handed over to the Faculty office of the Faculty of Science</u>**

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01. Full Name: ………..…………………………………………………………………………………

………..…………………………………………………………………………………

02. Student Number:

03. Address and Telephone No: ………..…………………………………………….………………

04. E-mail:………………………………………………………………………………………………

05. Course units applying for:

	Course Code	Course Title	Results obtained	Academic Year
1				
2				
3				
4				
5				
6				
7				
8				

Student Signature:………………………………….   Date …………………..