

UNIVERSITY OF KELANIYA - SRI LANKA
FACULTY OF SCIENCE
2018/2019 ACADEMIC YEAR

***required**

REGISTRATION FORM FOR COURSE UNITS

(Use block capitals only)

*STUDENT NUMBER

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*LEVEL

*STUDENT NAME: Mr. Ms.

ADDRESS:

*MOBILE/ TELEPHONE NO: E-MAIL:

*COURSE UNIT COMBINATION

COMPULSORY COURSE UNITS

SEMESTER 1

CREDITS

SEMESTER 2

CREDITS

COMPULSORY CREDITS

TOTAL NUMBER OF CREDITS

OPTIONAL COURSE UNITS

SEMESTER 1

CREDITS

SEMESTER 2

CREDITS

OPTIONAL CREDITS

AUXILIARY COURSE UNITS

SEMESTER 1

CREDITS

SEMESTER 2

CREDITS

AUXILIARY CREDITS

.....
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.