

### **Appeal for Deferment of Academic Year/Semester**

1. Student No.	<input type="text"/>	2. Faculty	<input type="text"/>															
3. Full Name	<input type="text"/>																	
4. Name with Initials	<input type="text"/>																	
5. Permanent Address	<input type="text"/>																	
6. Contact Information	<table border="0"><tr><td>Mobile</td><td>-</td><td colspan="3"></td></tr><tr><td>Fixed</td><td>-</td><td colspan="3"></td></tr><tr><td>Email</td><td>-</td><td colspan="3"></td></tr></table>			Mobile	-				Fixed	-				Email	-			
Mobile	-																	
Fixed	-																	
Email	-																	
7. The academic year/Semester requesting Deferment	<input type="text"/> 20 /20																	
8. Current academic year/Semester	<input type="text"/>																	
Current stage of the academic programme (If Hons, Please specify)	1 <sup>st</sup> <input type="text"/>	2 <sup>nd</sup> <input type="text"/>	3 <sup>rd</sup> <input type="text"/>	4 <sup>th</sup> <input type="text"/>														
9. Have you already obtained a deferment/Semester	<table border="0"><tr><td>Yes <input type="checkbox"/></td><td>No <input type="checkbox"/></td></tr></table>			Yes <input type="checkbox"/>	No <input type="checkbox"/>													
Yes <input type="checkbox"/>	No <input type="checkbox"/>																	

If yes,

The academic year/Semester the deferment was obtained

10. The reason for requesting Deferment:

Attach documents for proof of evidence; If

- Medical reason – Certification of the Chief Medical Officer (CMO certified medical certificate)
- Financial reason – Certification of Grama Niladhari and Divisional Secretary
- Other reason – Please Specify (Provide supporting documents as applicable)

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 ..... Date .....

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

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

Date .....

Recommendation of Appeals Committee : Recommended/ not recommended

Meeting No of the Appeals Committee .....

Date of the Appeals Committee .....