

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

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 should be handed over to the Faculty office of the Faculty of Science**

01. Full Name: ..Sivanantharasa Tharsan.....

02. Student Number:

SE/2019/057

03. Address and Telephone No: ..Sothivembedi lane, Manipay 0775009464.....

04. E-mail: ..sivatharshan81@gmail.com.....

05. Course units applying for:

	Course Code	Course Title	Results obtained	Academic Year
1	SENG12233	Object Oriented Programming	D	2019/2020
2				
3				
4				
5				
6				
7				
8				

Student Signature:.....

Date