

**SABARAGAMUWA UNIVERSITY OF SRI LANKA**

**Application for Registration for the Academic year ...../.....**

**(for Senior Students)**

1. Full Name:- .....

Name with Initials:- .....

2. Registration No:- .....

3. a). Permanent Address:- .....

.....

.....

Tele. No.:- .....

b). Present Address:- .....

.....

.....

Tele. No.:- .....

c). Contact Address:- .....

.....

.....

Tele. No.:- .....

4. Faculty:- ..... Year:- (2<sup>nd</sup>/3<sup>rd</sup>/4<sup>th</sup>) .....

4.1 Department:- .....

4.2 Study Programme:- .....

4.3 Subjects intending to study in the first semester:-

Code No.

Subject

i.

ii.

iii.

iv.

v.

vi

vii.

4.3.1 Subject intending to study in the second semester:-

Code No.	Subject
i.	
ii.	
iii.	
iv.	
v.	
vi	
vii.	

5. Particulars of the examinations you sat at the University:-

Year	Index No.	Examination	Medium	Results
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....

6. Particulars of any examination which you could not sit previously:-

.....

7. Registration fees:-      Amount paid:- .....  
Date of payment: - .....  
Date:- .....  
Signature

8. Recommendation of the Head of Dept./Coordinator/Dean:-

.....  
.....  
.....

Signature: - .....

(Head of the Dept./Coordinator/Dean)



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