

Buddhist and Pali University of Sri Lanka

Bachelor of Arts (General) Degree Second Year Second Semester Examination April/May 2024 - Application for Registration (2021- Registered Students)

	l name of the Candidate – (In block letter he passport)	,		
* Plea	se attach a copy of your passport			
2. Regi	stration Number:	Email Address:	:	
3. Tele	phone Number:			
4. Pers	onal Address :			
5. Nam	ne of the Faculty:			
6. Med	ium of study:			
_	ers selected for Second Year Second Sen . Students are not allowed to change the			
	Pagistared Course Unit	Recommen-		

	Registered Course Unit		Recommen-	Checked by	
	Code	Name	-dation of the Assistant Registrar (Academic) Yes/No	the Management Assistant of the Department	Recommen -dation of the Head
7.1					
7.2					
7.3					
7.4					
7.5					
7.6					
Non- Credit Subjects					
7.7					
7.8					

8. First Year Second Semester Examination (Repeat Subjects)

	Subject Code	Name of the question paper	Checked by	Recommendation of the Head
8.1				
8.2				
8.3				
8.4				
8.5				
8.6				
8.7				
8.8				

I certify that the above-mentioned particulars are true and correct. If there are mistakes in the application, I accept it as my responsibility. I am aware that no alterations will be accepted once the recommendation of the Heads of the Department and the Dean of the Faculty has been made in relation to subject code or name of the course unit. I certify that I have read rules and regulations pertaining to examination procedures as given in the student's record book.

Date:	 Si	gnature of Applicant
09. Recommendation of the Dean:		
Application of Rev/Mrrecommended. (Delete inapplicable word)		is recommended/ not
Date:		Signature of the Dean
	(Official Seal)	Name of the Dean