Buddhist and Pali University of Sri Lanka

Bachelor of Arts (General) Degree
Third Year Second Semester Examination
April/May 2024 - Application for Registration
(2020 - Registered Students)

1. **Full name of the Candidate – (In block letters) (Foreign monks should state as mentioned in the passport)**

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* Please attach a copy of your passport

2. **Registration Number:** -----------------------   **Email Address:** -----------------------

3. **Telephone Number :** -----------------------

4. **Personal Address :** ---

5. **Name of the Faculty:** -----------------------

6. **Medium of study:** ---------------------

7. **Papers selected for Third Year Second Semester Examination:**
   (N.B. Students are not allowed to change the Subject/Subject Code later.)

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

8. Second 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				

09. First Year Second Semester Examination (Repeat Subjects)

	Subject Code	Name of the question paper	Checked by	Recommendation of the Head
9.1				
9.2				
9.3				
9.4				
9.5				
9.6				
9.7				
9.8				

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: ………………   ………………………..
                                                                           Signature of Applicant

09. Recommendation of the Dean:

Application of Rev/Mr. ………………….………………… is recommended/ not recommended.   (Delete inapplicable word)

Date: ------------------------------   --------------------------
                                                                          Signature of the Dean

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                                          (Official Seal)   **Name of the Dean**