



- | | Registered Course Unit | | Recommendation
of the SAR
(Academic &
Student Service)
Yes/No | Checked by
the MA of
the
Department | Recommendation
of the Head |
|-----------------------------|------------------------|--------------|---|--|-------------------------------|
| | Subject Code | Subject Name | | | |
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| Non- Credit Subjects | | | | | |
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[illegible]

First Year Second Semester Examination (Repeat Subjects)

	Registered Course Unit		Recommendation of the SAR (Academic & Student Service) Yes/No	Checked by the MA of the Department	Recommendation of the Head
	Subject Code	Subject Name			

Certificate Courses & Advanced Certificate Courses

	Registered Course Unit		Recommendation of the SAR (Academic & Student Service) Yes/No	Checked by the MA of the Department	Recommendation of the Head
	Subject Code	Subject Code			

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

Recommendation of the Dean :

Application of Rev/Mr. is recommended/ not recommended.

Name of the Dean :

Signature of the Dean :

Official Seal :

Date :