



Buddhist and Pali University of Sri Lanka

Bachelor of Arts (Special) Degree Fourth Year Second Semester Examination May/June 2025 - Application for Registration

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

* 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 Fourth Year Second Semester Examination:
(N.B. Students are not allowed to change the Subject/Subject Code later.)

	Registered Course Unit		Recommendati on of the Assistant Registrar (Academic) Yes/No	Checked by the Management Assistant of the Department	Recommend- ation of the Head
	Code	Name			
7.1					
7.2					
7.3					
7.4					
7.5					
7.6					

8. Third 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				

09. Second 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				

I certify that the above-mentioned particulars are true and correct. If there is any mistake 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

08. Recommendation of the Dean:

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

Date: -----

Signature of the Dean

(Official Seal)

Name of the Dean