Faculty of Applied Sciences
Wayamba University of Sri Lanka

For official use only ☐

Only for Candidates with Medical & Special Reasons

Registration No. ……. **Level. ……...**

Registration for Examination – Faculty of Applied Sciences

……Examination of the Academic Year **……..……...**

1. (a) Full Name :- **…….**

   (b) Name with initials :- Mr./ Ms. **……..**

2. (a) Permanent Address :- **…….**

   (b) Contact No. :- **…….**

3. Course Followed :- **Combination** ☐ **Hons/Special/Joint Major/General** ☐
   Only for 3rd & 04th year students

4. (a) Date of Registration :- **…….**

   (b) Academic Year :- **…….**

5. Faculty Board Approval :- Yes ☐ No ☐

6. Subject offering :- (Subject code and Subject name must be clearly stated)

Subject Code	**Subject Name**
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I declare that above given details are true. If not, I know that my application will be rejected.

Date:-**……..** **.....**
Signature of the Candidate