



EASTERN UNIVERSITY, SRI LANKA
EXAMINATION ENTRY FORM
For Post Graduates Degree Program

FACULTY DEGREE

APPLICATION TO SIT: (Year/Semester)

PROPER/REPEAT

Part-I To be completed by the candidate

1. Name of the candidate

2. Registration No

3. Address during exam Period

4. Phone Numbers Home:..... Mobile:.....

5. Have you postponed sitting this examinations due to illness by MC or any other grounds

6. Amount of fee paid for examination & date

7. Medium : Tamil/English

Date:.....

.....
Signature of candidate

Note: Please indicate the units/subject and code no. In the column (I) at section Part-(II) and return to Examinations Branch.

Part-II To be completed by the Head and Deans

Title of Paper/Subject	Code No	Total No. of Hours			Allowing for sitting the exam	Signature and seal of Head of the Dept	Remarks
		Lectures Hours	Attendance Hours	%			
1.					Yes/No		
2.					Yes/No		
3.					Yes/No		
4.					Yes/No		
5.					Yes/No		
6.					Yes/No		
7.					Yes/No		

Certified as correct.

Date:.....

.....
Dean / Faculty of.....

Part-III To be completed by the Examinations Branch

Registered and allocated Index No:.....

.....
Senior Assistant Registrar/Academic Affairs

Note 1. No students are eligible to sit for an examination unless he/she has attended 80% of the classes in each discipline.
 2. Candidates repeating the examination need not obtain the certification.