**Faculty of Graduate Studies University of Colombo**

**STUDENT REQUEST FORM**

(Please fill this form and submit along with supportive documents)

1. **Name of the student** : ………………………………………………….
2. **Programme enrolled in** : ………………………………………………….
3. **Registration Number** : ………………………………………………….
4. **Contact Number/s** : ………………………………………………….
5. **Email Address** : ………………………………………………….
6. **Type of the request (please tick off)**:
7. Deferment of the Programme
8. Extension of the deadline of Thesis/ Dissertation/Independent Study
9. Absence for the Semester-End Examination
10. Course Fee Refund
11. Other (please specify) …………………………………………….
12. **Reason for the request (please tick off):**
13. Medical
14. Official
15. Personal
16. Other
17. **Letter explaining the reason for the request (self-prepared) attached:**
18. **Evidence attached (please tick off):**
19. Medical certificate from a medical officer

*(Please submit the Medical Application Form together with this)*

1. Medical Submission Format (FGS)
2. Official letter from the workplace
3. Other (please specify) …………………………………………….

I do here by confirm that the information furnished above by me are true and correct.

Signature of the Student: …………………………. Date: ………………………

Received on: (Date)

**FOR OFFICE USE ONLY**

Recommendation/ observations of the Programme Coordinator: …………………………………

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Name of the Programme Coordinator: …………………………………………………………….

Forwarded to: BSPS BSDS Signature: ………………………… Date: …………...