

**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):**
  - a. Deferment of the Programme ☐
  - b. Extension of the deadline of Thesis/ Dissertation/Independent Study ☐
  - c. Absence for the Semester-End Examination ☐
  - d. Course Fee Refund ☐
  - e. Other (please specify) ..... ☐
7. **Reason for the request (please tick off):**
  - a. Medical ☐
  - b. Official ☐
  - c. Personal ☐
  - d. Other ☐
8. **Letter explaining the reason for the request (self-prepared) attached:** ☐
9. **Evidence attached (please tick off):**
  - a. Medical certificate from a medical officer ☐  
(Please submit the Medical Application Form together with this)
  - b. Medical Submission Format (FGS) ☐
  - c. Official letter from the workplace ☐
  - d. Other (please specify) ..... ☐

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

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

**FOR OFFICE USE ONLY**

Received on:  
(Date)

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

.....

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Name of the Programme Coordinator: .....

Forwarded to: BPS ☐ BSDS ☐ Signature: ..... Date: .....