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.	Type of the request (please tick off):		
5.	 a. Deferment of the programme b. Extension of the deadline of Thesis/ Dissertation c. Absence for the Semester-end examination d. Other (please specify) Reason for the request (please tick off): a. Medical 		
6.	 a. Medical b. Official c. Personal d. Other Letter explaining the reason for the request (self-prepared) attached: 		
7.			
	 a. Medical certificate from a medical officer (Please submit the Medical Application Form together with this) b. Official letter from the workplace c. Other (please specify)		
I do he	re by confirm that the information furnished above by me are true and correct.		
Signatu	are of the Student: Date:		
	Received on:		

FOR OFFICE USE ONLY

(Date)

Recommendation/ observations of the Program	me Coordinator:
Name of the Programme Coordinator:	
Forwarded to: BSPS BSDS	Signature: Date: