

**FACULTY OF MANAGEMENT STUDIES & COMMERCE
UNIVERSITY OF JAFFNA – SRI LANKA
STUDENTS' APPEAL FORM - 01**

1. Full Name of the Student (MISS/MR/MRS)

2. Registration Number :

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3. Specialization:

4. Index No:

5. Permanent /Temporary Address:

6. Contact Number:

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7. Reason for Appeal: (**Fill 01 / 02 / 03*)

S.No	Appeal			
01.	Postponed the study programme			
	<i>Detail:</i>			
02.	Absent for the Examination			
	Year		Semester	
	<i>S.No.</i>	<i>Subject Code</i>	<i>Subject</i>	<i>Exam Date</i>
	1.			
	2.			
	3.			
	4.			
	5.			
	6.			
	7.			
03.	Specify any other request:			

8. Details of Annexing Documents :

1.	Appeal request letter	
2.	Medical Certificate (MC)	
3.	Copy of Students' enrollment form	
4.	Grama Sevagar's certification	
5.		
6.		

.....
Signature of the Student

.....
Date

For Office Use:

	Name	Signature	Date
Received By:			
Checked By:			

	Meeting No	Date
Faculty Board recommendation		
Senate Approval		