Serial No: FMSC / SA /

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: 3. Specialization: 4. Index No: 5. Permanent / Temporary Address: 6. Contact Number: 7. Reason for Appeal: (*Fill 01/02/03) S.No Appeal O1. Postponed the study programme Detail: O2. Absent for the Examination Year Semester S.No. Subject Code Subject Exam Date 1. 2. 3. 4. 5. 5. 6. 7. 5. 5. 6. 7. O3. Specify any other request:								
3. Specialization: 4. Index No: 5. Permanent /Temporary Address: 6. Contact Number: 7. Reason for Appeal: (*Fill 01/02/03) S.No O1. Postponed the study programme Detail: O2. Absent for the Examination Year S.No. Subject Code 1. 2. 3. 4. 5. 6. 7.								
4. Index No: 5. Permanent /Temporary Address: 6. Contact Number: 7. Reason for Appeal: (*Fill 01 / 02 / 03) S.No Postponed the study programme Detail: 02. Absent for the Examination Year Semester S.No. Subject Code 1. 2. 3. 4. 5. 6. 7.	2	. Regis	tration N	umber :				
5. Permanent /Temporary Address: 6. Contact Number: 7. Reason for Appeal: (*Fill 01/02/03) S.No O1. Postponed the study programme Detail: O2. Absent for the Examination Year Semester S.No. Subject Code 1. 2. 3. 4. 5. 6. 7.	3	. Specialization:						
6. Contact Number: 7. Reason for Appeal: (*Fill 01/02/03) S.No Appeal O1. Postponed the study programme Detail: O2. Absent for the Examination Year Semester S.No. Subject Code 1.	4	. Index	No:					
7. Reason for Appeal: (*Fill 01/02/03) S.No	5	. Perm	anent /T	emporary A	Address:			
7. Reason for Appeal: (*Fill 01/02/03) S.No								
S.No	6	. Conta	ict Numb	er:				
O1. Postponed the study programme Detail: Year Semester S.No. Subject Code Subject Exam Date 1. 2. 3. 4. 5. 6. 7. 6. 7.	7.	. Reaso	n for Ap	peal: <u>(*Fill (</u>	01 / 02 / 03)			
Detail: Year Semester S.No. Subject Code Subject Exam Date 1. 2. 3. 4. 5. 6. 7. 6. 7.								
O2. Absent for the Examination Year Semester S.No. Subject Code Subject Exam Date 1. 2. 3. 4. 5. 6. 7. 6. 7.	01.			tudy prograi	mme			
Year Semester S.No. Subject Code Subject Exam Date 1. 2. 3. 4. 5. 6. 7. 6. 7.								
S.No. Subject Code Subject Exam Date 1. 2. 3. 4. 5. 6. 7. 6. 7. <td< th=""><th>02.</th><th>Absent</th><th>for the Ex</th><th>kamination</th><th></th><th></th><th></th></td<>	02.	Absent	for the Ex	kamination				
1. 2. 3. 4. 5. 6. 7.			Year		Seme	ester		
2. 3. 4. 5. 6. 7.		S.No.	Subje	ect Code	Subject	Exa	m Date	
3. 4. 5. 6. 7.								
4. 5. 6. 7.								
5. 6. 7.								
6. 7.								
7.								
	03.	Specify	any oth	er request:	:			
1								

8.	Details	of An	nexing	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		