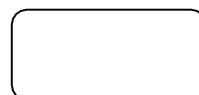


University of Jaffna – Sri Lanka  
Faculty of Management Studies and Commerce



Application for Student's Appeal

1.	Full Name: (Mr/Miss/Mrs) <b>(IN BLOCK CAPITALS)</b>																														
2.	Registration No.																														
3.	Index No.																														
4.	Telephone No.	Mobile																													
		Home																													
5.	E-mail address																														
6.	Registered Academic Year																														
7.	Present year of Study																														
8.	Postal Address <b>(IN BLOCK CAPITALS)</b>																														
9.	Category of Appeal (Mark "X" in the appropriate cell)	1	Repeating exams under Medical grounds																												
		2	Other valid ground (should be described separately)																												
		3	Postponement of study program (should be described separately)																												
		4	Mercy Chance with valid reason (should be described separately)																												
10.	<b>Nature of the Appeal:</b>  <i>(If a student fail to sit the Course unit(s) due to Medical or Other valid reason, he/she should furnish this cage.)</i>	<b>Proper Exam:</b> Title of the Examination: .....Year .....Semester Examination - 20.....																													
		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Course Code</th> <th style="width: 55%;">Title</th> <th style="width: 30%;">Date of Exam</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>			Course Code	Title	Date of Exam																								
Course Code	Title	Date of Exam																													
		<b>Repeat Exam: (First Attempt only)</b> Title of the Examination: .....Year .....Semester Examination - 20.....																													
		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Course Code</th> <th style="width: 55%;">Title</th> <th style="width: 30%;">Date of Exam</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>			Course Code	Title	Date of Exam																								
Course Code	Title	Date of Exam																													
11.	Medical Certificate(s) covering Date(s) / period(s)																														

**NOTE:** Duly filled form with Medical Certificate endorsed by the University Medical Officer should be submitted within 14 days from the date of the examination.

