

(6) Telephone Number :

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(7) Subjects :

Course Unit No	Title of the Paper	Reason (MC / Upgrade / AB/ NE/Offence)	Results on last attempted	Signature/ Head of the Dept.

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Date

.....
Signature of the Student

Deputy. Registrar,
Examinations Branch,
University of Jaffna.

*I recommend the above student is **allowed / not allowed** to sit the examination.*

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Date

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Dean /Asst. Registrar
Faculty of Management Studies and Commerce,
University of Jaffna.