University of Jaffna – Sri Lanka
Faculty of Management Studies and Commerce
Application For Opting Out with Certificate/ Diploma/ Three Year Degree

If necessary, please use (√) for select your option.

1.	Full Name: (Mr/Miss/Mrs) (IN BLOCK CAPITALS)										
2.	Postal Address (IN BLOCK CAPITALS)										
3.	Telephone No.	Mobile									
		Home									
4.	E-mail address										
5.	Registration No.										
6.	Index No.										
7.	Registered Academic Year										
8.	Present year of Study	**21**		**22**		**31**		**32**		**41**	

9.	*Specialization*	*Business Administration*	Accounting		***Request* for opt out with**	**Certificate**	
			Financial Management				
			Human Resource Management			**Diploma**	
			Marketing				
		Commerce	Accounting and Finance			**Three-year Degree**	
			Business Technology Management				

10. Exam Result:

1st Year 1st Semester			**1st Year 2nd Semester**		
Course Code	**Grade**	**Exam year**	**Course Code**	**Grade**	**Exam year**

2nd Year 1st Semester			**2nd Year 2nd Semester**		
Course Code	**Grade**	**Exam year**	**Course Code**	**Grade**	**Exam year**

3rd Year 1st Semester			3rd Year 2nd Semester		
Course Code	**Grade**	**Exam year**	**Course Code**	**Grade**	**Exam year**

I declare that the information furnished herein are true and correct to the best of my knowledge.

……..... ……..
Signature of the Student *Date*

*** Recommendation of* ***Head of the Department:***

Results verified, He/ She is eligible for opting out.

…… …….
Signature *Date*

To:
DR/ Examination

Recommendation of the Faculty Board: -

Approval of the Senate: -

…… ……
Assistant Register *Date*
Faculty of Management Studies and Commerce

** *If recommended then place to the Faculty Board.*
If not recommended then return the application form to the student.