



University of Vavuniya
Faculty of Applied Science
Application for Cancellation of Studies

1. Full Name:
2. Registration No:
3. Course of Study:,.....
4. Registered Academic Year:
5. Contact Number:
6. Email Address:
7. The reason for cancellation (Use additional sheets if necessary):

Attach documents, If

- Elevation of University -Letter from UGC for elevated course of Study
- Medical Certificate if any.
- Other related documents

Declaration

I hereby declare that the information provided above is true and accurate to the best of my knowledge.

Signature:.....

Date:

Recommendation of Counsellor

Request is Recommended/ Not Recommended/ Forwarded.

Remarks (if any) :

Name of the Counsellor:

Signature:

Date:

Recommendation of Head of Department

Request is Recommended/ Not Recommended/ Forwarded.

Signature:

Date:

Recommendation of Dean of the Faculty

Request is Recommended/ Not Recommended.

Signature:

Date:

Approval of Vice Chancellor

Request is Approved / Not Approved.

Signature:

Date: