



University of Vavuniya
Faculty of Applied Science
Application for Opt. for General Degree

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

Attach supportive documents for the request, If

- Medical Certificate certified by University Medical Officer (UMO)
- Financial Certification of Grama Niladhari/ Divisional Secretary
- Other related documents

Declaration

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

Signature:

Date:

Recommendation of Academic Counsellor

Request is Recommended/ Not Recommended/ Forwarded.

Remarks (if any) :

Name of the Academic 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 and Place it to Faculty Board/ Not Recommended.

Signature:

Date:

FOR OFFICE USE

The **Faculty Board** at its Meeting held onhas recommended.

The **Senate** at its Meeting held onhas approved/
not approved.

Signature of the Assistant Registrar/ Senior Assistant Registrar of the Faculty

Date:

Official Stamp: