



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

**Student Information**

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

**Attach supportive documents for the request, If**

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

9. Have you already obtained a postponement

☐ Yes ☐ No

If yes,

The academic year the postponement was obtained & Reason (Attach the supportive 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 on .....has recommended.

The **Senate** at its ..... Meeting held on .....has approved/ not approved.

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

Date:

Official Stamp: