



SRI LANKA INSTITUTE OF ADVANCED TECHNICAL EDUCATION

(All Candidates are bound to act conformity with the provision of the examination Act No. 25 of 1968)

APPLICATION FOR THE SEMESTER EXAMINATION -

Course Name Full Time / Part time

1. Full name as in student registration record book:

.....

2. Name with Initial:

3. Name to be given certificate (in capital) :

.....

4. Private Address:

.....

5. I) Sex: ii) Contact Number:

6. I) Registration No: year:

ii) Receipt No for payment of examination fees:

iii) Percentage of attendance during the year:

7. Name of the Examination:

8. Specified Subject to be taken at the examination

S/No	Subject	Medical	Assignment	Medium
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

9. Indicate the attempt under which you sit this examination whether 1st, 2nd, 3rd, 4th

1st Attempt

2nd Attempt

3rd Attempt

4th Attempt

10. I) Index No, of the last year examination:

ii) Result of the above examination

Pass

Referred

Failure

DECLARATION APPLICANT

I certify that the information forwarded above is true and correct.

.....
DATE

.....
Signature of Applicant

Note: please complete all items in this application form incomplete application will be rejected.

RECOMMENDATION OF LECTURES

S/No	Subject	Medium	Percentage of Attendance	Assignment Only (✓)	Medical Only (✓)	Recommendation of Lecturer	signature

RECOMMENDATION OF THE HEAD OF THE SECTION

Mr. /Miss /Mrs. attendedCourse as a full time / part time student. His / Her attendance exceeds percent and I recommended / not recommended him / her to sit the examination in the Medium.

.....
DATE

.....
Signature of Head of Division
(Seal)

APPROVAL OF DIRECTOR

This application has fulfilled all requirement and I approved his application to sit the examination.

.....
DATE

.....
Signature of Director
(Seal)