

FACULTY OF ALLIED HEALTH SCIENCES  
UNIVERSITY OF PERADENIYA

Renewal of Registration for MPhil/PhD

To : Dean, Faculty of Allied Health Sciences

- 01. Name of Candidate :.....  
.....
- 02. Tentative title of research project :.....  
.....  
.....
- 03. Whether full/part time :.....
- 04. Date of initial registration:.....
- 05. Period requesting renewal: from ..... to .....  
(Please attach a copy of the receipt of payment)

.....  
Signature of candidate Date :.....

Observation of the supervisor/s:  
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.....

Signature/s of the Supervisor/s

- 1. .... Date :.....
- 2. .... Date :.....