

**FACULTY OF ALLIED HEALTH SCIENCES
UNIVERSITY OF PERADENIYA**

To: Dean/Faculty of Allied Health Sciences, University of Peradeniya

RENEWAL OF REGISTRATION FOR MPhil/PHD

01. Name of the Candidate:

02. Tentative title of the research project:
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03. Full/Part time.....

04. Date of initial registration:.....

05. Period requesting for renewal: from to
(Please attach a copy of the receipt of payment)

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Signature of Candidate

Date :.....

Observation of the Supervisor/s:

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Signature/s of the Supervisor/s

1.

Date :.....

2.

Date :.....

3.

Date :.....