FACULTY OF ALLIED HEALTH SCIENCES
UNIVERSITY OF PERADENIYA

APPLICATION FOR REPEAT/INCOMPLETE COURSE REGISTRATION FOR THE

1st Year - Semester I / Semester II/ Special Repeat
2nd Year - Semester I / Semester II/ Special Repeat
3rd Year - Semester I / Semester II
4th Year - Semester I / Semester II

Student's Name: ……..…

Student's Reg. No. …… Batch: ……..……

e-mail address: ……Contact No. ……

Repeat Students: Please register for all repeat courses that you will be sitting during this semester only.

S. No	Course Code	Course Name	No of Credits	No of Attempts	Previous Registration Year	Grade Obtained	Student's Signature

Checked and certified formalities completed. *(Please check the course code/course name/grade obtained properly.)*

……. …….

Signature/Head of the Department **Signature/Admitting officer**

(Please handover this form to the relevant department.)