

Examination Unit

Ref No:

Faculty of Humanities and Social Sciences University of Sri Jayewardenepura, Sri Lanka

Application for Submitting valid Reasons for Absence from an Examination

Registr	ation	No:		••••	•••••	• • • • •		In	dex No:	/	• • • • • • • •	• • • • • • •	•••••
Year	1		2		3	4		Se	Semeste			2	
Name i	n full	:.		•••••	••••••	•••••		front of the relevant year					
Γeleph	one N	lo:											
Course	Code		Name of the				the	Course Unit	Date of the Examination		Time of the Examination (9.00-12.00/1.30-4.30)		
certificat (14) day	te appr s with f priva	oved effe	d by tect from	the mom the	nedical he date	office of ex	er of kami	for an examination due to so the university to the office on nation. In the case where a the Medical Council, it shou	of the dean medical cer	of the FI	HSS, wi has beer	thin for	urteen d by a
	cated b	y the	e Go	verni	ment A	yurve	dic l	has been issued by an Aru Hospital. This medical certif		•			
relations	hip sh	ould	be p	prese	nted to	the o	offic	ily member, a certified cope of the dean to be presented at the time of funeral	ed to the Fa	aculty Bo	oard and	d the S	Senate.
Date: .		••••				••••		Signature of App	plicant:	•••••	•••••		
For Of	fice U	Jse	Onl	y									