

CENTRE FOR EXTERNAL DEGREES & PROFESSIONAL LEARNING (CEDPL) South Eastern University of Sri Lanka

University Park, Oluvil. Tel: +94 67 20 52801

APPLICATION FOR RE-REGISTRATION AND EXAMINATION (NEW SYLLABUS)

(Please tick	your options "")						
COURSE	: BA		BBA		B. Com		
YEAR:	First Year		Second Year		Third Year		
SEMESTI	ER: Semester-]	Semester- II				
BATCH:	(2014/2015)	(2015/2016)		(2016/2017)		
01. Registr	ration No : S	SEU/ ES/					
02. (i) Nam	ne with initials:						
(ii) Full	l Name :						
(iii) Pre	esent Address:						
(iv) Co	ntact Nos :			/			
, ,							
03. Subject	s applied for Re-re	egistration an	nd Examination				
Subject Code		Subject Title					
1							
2							
3							
4							
5							
6							

Amount: Date of Payment:	
Branch of Bank:	
The following documents are annexed with the app	plication. (Please tick () the Cages)
01. Student Record Book (Original)	
02. Copy of (Reprint) Pay-In-Voucher issued by the l	Peoples Bank
Re-Registration I	Faa
Affix the PIV University	
_	
I certify that I have correctly entered all the partic aware that my application could be rejected for the r and if the application is rejected, the University will r me. I have annexed with this application a receipt for	reasons given in the general instructions not refund the re-registration fee paid by
Signature of Candidate	 Date
For Office Use Only	
Entries Checked By:	Asst. Registrar/CEDPL
Registered / Not registered for examination	