

Re-scrutiny / Makeup Examinations Request Form

**Faculty of Management
University of Peradeniya**

01. Registration No:	
02. Name with Initials: (Mr./Ms.)	
03. Mailing Address:	
04. Contact No:	Home: _____ Mobile: _____
05. Academic Year:	
06. Current year & Semester:	Year: _____ Semester: _____

07. Details
(Please annex relevant documents and fill separate forms for each Department)

Course Code	Course Title

Documents Attached:

1.....

2.....

3.....

I declare that the information provided in this form and the annexed documents are true and correct. I am aware that my request will not be granted if the information provided in this form is found to be false and incorrect.

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Date

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Signature of Student

Observations & Recommendations of the Department

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Date

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Head of the Department

Action Taken

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Date

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Lecturer in Charge