|  |
| --- |
| **Makeup Examinations Request Form** **Faculty of Management****University of Peradeniya** |
| 1. **Registration No:**
 |  |
| 1. **Name with Initials: (Mr./Ms.)**
 |  |
| 1. **Mailing Address:**
 |  |
| 1. **Contact No:**
 | **Home: Mobile**:  |
| 1. **Academic Year:**
 |  |
| 1. **Current year & Semester:**
 | **Year: Semester:** |
| 1. **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.……………….. .………………………. *Date Signature of Student*  |
| ***Observations & Recommendations of the Department*** ………………………. …………………………. *Date Head of the Department*  |
| ***Action Taken***………………………. ………………………. *Date Lecturer in Charge* |

***Form S3***

***Form S3******Duly filled form should be submitted to***

 ***each Department concerned by the student***