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| **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** |
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| ***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***