



SRI LANKA INSTITUTE OF ADVANCED TECHNICAL EDUCATION
(All candidates are bound to act conformity with the provision of the examination Act No. 25 of 1968)
APPLICATION FOR THE SEMESTER EXAMINATIONS

.....
 (Name of Course and Year)

1. Full name as in student registration record book:.....

2. Name with Initial:

3. Name to be given certificate (in capitals) :

4. Private Address

5. Sex :..... Contact Number -

6. I. Admission No:..... Year.....

II. Receipt No for payment of examination fees:.....

III. Percentage of attendance during the year :

7. I. Name of the Examination :

II. Nature of course, full time / part time / day / two year / four year .

8. Specified subject to be taken at the examination

| Serial No | Subject: | Medium |
|-----------|----------|--------|
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |
| 6 | | |
| 7 | | |
| 8 | | |
| 9 | | |
| 10 | | |
| 11 | | |
| 12 | | |
| 13 | | |
| 14 | | |
| 15 | | |

9. Indicate the attempt under which you sit this examination whether 1st, 2nd, 3rd, 4th attempt

1st attempt 2nd attempt 3rd attempt 4th attempt

10. I. Index No, of the last year examination :

II. Result of the above examination Pass Referred Failure

DECLARATION APPLICANT

I certify that the information forwarded above is true and correct.

.....
Date

.....
Signature of Applicant

Note: Please complete all items in this application form. Incomplete applications will be rejected.

RECOMMENDATION OF LECTURES

| Serial No | Subject | Medium | Percentage of Attendance | Recommendation of Lecturer | Signature |
|-----------|---------|--------|--------------------------|----------------------------|-----------|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| 8 | | | | | |
| 9 | | | | | |
| 10 | | | | | |
| 11 | | | | | |
| 12 | | | | | |
| 13 | | | | | |
| 14 | | | | | |
| 15 | | | | | |

RECOMMENDATION OF THE HEAD OF THE SECTION

Mr /Miss/Mrs.....attended..... Course as a full time / Part time / day /evening student. His/Her attendance exceeds..... Percent and I recommended / not recommended him/her to sit the examination in themedium

.....
Date
.....
Signature of Head of Division
(Seal)

APPROVAL OF DIRECTOR / ACADEMIC CO - ORDINATOR

This application has fulfilled all requirement and I approved his application to sit the examination.

.....
Date
.....
Signature of Director / Academic Co - ordinator
(Seal)