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| **Form II : Application for Repeat Examination**  **(For medical exams attach valid medical certificates.)** | | | |
|  | | **Office Use Only**  Index Number ……………………………………… | |
| **AQUINAS COLLEGE OF HIGHER STUDIES**  **30, Gnanartha Pradeepaya Mawatha, Colombo 8**  **EXAMINATION APPLICATION FORM** | | | |
| 1 | Student Registration number | |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  | | |
| 2 | Full Name (In block letters) | …………………………………………………………  …………………………………………………………  ………………………………………………………… | |
| 3 | Name with Initials | …………………………………………………………. | |
| 4 | Title (underline) | Rev./Mr./Mrs./Miss. | |
| 5 | Address (Permanent) | …………………………………………………………  …………………………………………………………  ………………………………………………………… | |
| 6 | Address (During the Period of Examinations) | …………………………………………………………  …………………………………………………………  ………………………………………………………… | |
| 7 | Contact Telephone Number | Mobile |  |
| Land Phone |  |
| 8 | Date of admission to Aquinas College of Higher Studies | |  |  |  | | --- | --- | --- | |  |  |  | | Date | Month | Year | | |
| 9 | Given date of payment of registration | |  |  |  | | --- | --- | --- | |  |  |  | | Date | Month | Year | | |
| 10 | Type of the Examination (Put “ √ “) | **Repeat** | |
| Year I Semester I | |
| Year II Semester I | |
| Year III Semester I | |
| Year III Semester II | |
| 11 | Please state the subject(s) you expect to offer for the Examination | | |

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| **Title of the paper** | **Code** | **Medium** | | **Repeat/**  **Medical/**  **NQ in previous Semester** | **Q/NQ** | **Signature of Lecturer** |
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| I certify that the above information is correct. I am aware that my application shall be rejected, if any of the information given is incorrect. | | | | | | |
| ………………………………. | | | …………………………… | | | |
| Date | | | Signature | | | |