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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 |

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| 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 |

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| Date | Month | Year |

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| 9 | Given date of payment of registration |

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| Date | Month | Year |

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| 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 |