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| **Form I : Application for Proper Examination (1st Attempt)** |
|  | **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 | Type of the Examination (Put “ √ “)  | **Proper** |
| Year I Semester II |
| Year II Semester II |
| Year III Semester II |
| Year IV Semester I |
| 10 | Please state the subject(s) you expect to offer for the Examination |

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| **Title of the paper**  | **Code** | **Medium** | **Attendance Percentage** | **Q/NQ** | **Signature of Lecturer** |
| a | Business English II | AIM/ CC 22010 |  |  |  |  |
| b | Information Technology for Project Management and Research | AIM/ CC 22020 |  |  |  |  |
| c | Human Resource Management | AIM/ AM 22012 |  |  |  |  |
| d | Agricultural Extension | AIM/ AM 22022 |  |  |  |  |
| e | Organizational Behavior and Culture | AIM/ AM 22032 |  |  |  |  |
| f | Soil Science and Plant Nutrition | AIM/ CM 22013 |  |  |  |  |
| g | Irrigation and Water Resource Engineering | AIM/ CM 22022 |  |  |  |  |
| h | Anima Health and Hygiene | AIM/ LM 22012 |  |  |  |  |
| i | Forage Crop Production | AIM/ LM 22022 |  |  |  |  |
| j | Business English II | AIM/ CC 22010 |  |  |  |  |
|  |  |  |  |  |  |  |
| 11 | Have you postponed sitting of any examination earlier due to illness (supported by medical certificate) or any other reasons? (Put “ √ “) If yes fill form II for repeat exams  | Yes |
| No |
| 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 |