



**FORM FOR THE AWARD OF PG Diploma / Masters with CDP**

**Candidate:** Please complete this form and hand over to the Course / Program Coordinator

**Part A: To be completed by the candidate**

<b>Student's Name (With Initials):</b>	Mr./Ms.		
<b>Registration No.:</b>			
<b>Program:</b>			
<b>Department &amp; Faculty:</b>			
<b>Year/ Intake:</b>		<b>Date of Commencement:</b>	
<b>Following attached:</b>			
1. Student Clearance Form (PGBoS/008/SC) <input type="checkbox"/>			
I hereby declare that the above furnished details are true to the best of my knowledge and relevant documents are attached.			
<b>Signature of Student:</b>		<b>Date:</b>	

**Part B: To be completed by the Course / Program Coordinator**

**To:** Head / Department of .....

- The student has satisfied all the course requirements of the study program and the results have been ratified by the Board of Examiners.
- I confirm following details of the candidate:

Date of commencement	
Date of last examination	
Date of Final Evaluation of CDP	

.....  
**Course/Program Coordinator's Name**

.....  
**Signature**

.....  
**Date**

**Part C: To be completed by the Head of Department**

To: Director Postgraduate Studies, Faculty of .....

The above candidate has satisfied all the requirements for the award of ..... in  
 .....by the University of Moratuwa.

The candidate has no dues to the Department.

I recommend the award of the above degree/diploma to him/ her with effect from.....

.....  
 Signature

Head/ Department of ..... Date .....

**Part D: To be completed by the Director/Postgraduate Studies and endorsed by the Dean**

**To SAR/ Examinations**

Award of the degree/diploma is recommended subject to fulfillment of other requirements as per the By-Law.

<i>Signature of the Director/Postgraduate Studies:</i>	<b>Date</b>
<i>Signature of Dean/ Faculty of .....</i>	<b>Date</b>

**Part E: To be completed by the SAR/ Examinations**

**To Deputy Registrar/ Academic and Publications**

Results have been checked to be correct. The effective date is also confirmed as .....

Please obtain the Senate approval for the award of ..... in .....

..... to the above candidate.

<i>Signature of SAR/Examinations:</i>	<b>Date:</b>
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