



UNIVERSITY OF MORATUWA

Wisdom is all wealth

POSTGRADUATE STUDENT REQUEST FORM

To: (<i>Course/Program Coordinator</i>)	Prof./Dr./Mr./Ms.
Degree Program:	
Department & Faculty:	
From: (<i>Name of student</i>)	Mr./Ms.
Student Registration No.:	
Date of Commencement:	

Request (Tick all that are applicable)		Reason for Request (in point form) with Documentary Evidence	Remarks	
1	Extension - Permitted duration up to maximum duration			
2	To sit examinations with next batch as first attempt candidate			
3	Deferment			
4	Deregistration from the program			
5	Deregistration from course module(s)			
6	Leave			
7	Other (Please Specify):			
Relevant pages of the Record Book to indicate the registration number and the date of registration are attached?			Yes	No
Relevant documents attached (e.g., Medical Certificate, Letter of Offer, etc.)?			Yes	No

I hereby declare that the above furnished details are true to the best of my knowledge and relevant documents are attached.

Signature of Student		Date	
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Recommendation/Justification by the Course/Program Coordinator:

(I certify that I have checked the relevant pages of the Record Book and supporting documents)

<i>(Name)</i>	<i>(Signature)</i>	<i>(Date)</i>
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Recommended by:

<i>Head of the Dept.:</i>		<i>Date:</i>	
<i>Director/ PGS:</i>		<i>Date:</i>	
<i>Dean of the Faculty:</i>		<i>Date:</i>	