



EASTERN UNIVERSITY, SRI LANKA
FACULTY OF ARTS AND CULTURE
EXAMINATION ENTRY FORM

Application to sit : Year: Semester :
 (State whether 1st, 2nd, 3rd or Final/Proper/Repeat with Semester)

General/Honours :

Part - I : To be completed by the candidate

01. Name of the candidate :
02. Registration No. :
03. Index No. :
04. Address during exam period :
05. Phone Numbers : Home: Mobile :
06. Email ID :
07. Have you postponed sitting this examinations due to illness by MC or any other grounds :
08. Amount of fee paid for examination & date :
09. Whether he/she re - registered : Yes/No Date :
- Date :

Signature of candidate

Note : Please indicate the Units/Subjects and Code No. in the column (I) at section part - (II) and return to Examinations Branch.

Part - II : To be completed by the Head and Dean

Title of Paper/Subject	Code No.	Total No. of Hours			Allowing the Sitting the exam	Signature and Seal of Head of the Dept.	Remarks
		Lecture Hours	Attendance				
			Hours	%			
01.					Yes/No		
02.					Yes/No		
03.					Yes/No		
04.					Yes/No		
05.					Yes/No		
06.					Yes/No		
07.					Yes/No		
08.					Yes/No		
09.					Yes/No		
10.					Yes/No		

Certified as correct.

Date :

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 Dean/Faculty of Arts & Culture

Part - III : To be completed by the Examination Branch

Registered and allocated Index No :

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 Deputy Registrar/Examinations

- Note : 01. No students are eligible to sit for an examination unless he/she has attended 80% of the class in each discipline.
 02. Candidates repeating the examination need not obtain the certification.
 03. Re-registered students only eligible to sit the examination.