Application for Students’ Appeal

***[Students who has to repeat the examination after third attempts (including the proper attempt) should complete this form]***

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|  | Title: (Mr/Miss/Mrs/Sis.) |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Full Name:  (Mr./Miss/Mrs.)  **(IN BLOCK CAPITALS)** |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | Index No. : |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Telephone No. : |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Year of Registration  (Academic Year) |  |  |  | |  | / |  |  |  |  |  |  |  |  |  |  |  |
|  | Postal Address:  **(IN BLOCK CAPITALS)** |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 7. | Email |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |
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| 8. | Provide Valid reason(s) to consider you under mercy chance for the Examination |  | | | | | | | | | | | | | | | | |
| 9. | **Courses to be written under mercy chance** | |  |  |  | | --- | --- | --- | | **Level** | **Semester** | **Course code** | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  |   ECE Title:......................................................................................................... | | | | | | | | | | | | | | | | |

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| 10. | Your previous Examination Records for considering the Mercy Chance | |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Level** | **Course Code** | **Course Title** | **Academic year** | **Grade obtained** | |  |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  |  |  |  | | --- | --- | | **OGPA** |  | |

* *Add Extra rows if needed for your previous attempts*
* *The number of attempts is computed from the academic year a student commenced his/her first year studies*

NOTE**: 1. Please annex photocopies of the all official Result sheets for the above levels.**

**In case a result sheet is not issued by the Examination Branch then the updated Grade(s) need(s) to be certified by the respective Head of Department.**

**2. Application without valid reason / supportive documents will not be accepted.**

**3. Incomplete applications will be rejected without further consideration.**

I hereby declare that the information given above is true and accurate to the best of my knowledge.

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Date Signature *of the applicant*

**Recommendation of the Academic Counsellor**

*The above student request is/not in order.*

*………………………………. …………………………………………*

Date **Academic Counsellor**

***Duly filled Students Appeal Form along with the supportive documents should be submitted to the Dean’s Office. Contact details of the students’ counsellor at department level can be found at*** [***http://www.sci.jfn.ac.lk/index.php/student-counsellors/***](http://www.sci.jfn.ac.lk/index.php/student-counsellors/)***.***

**Office use**

Dear AR/Science

Please place this student’s request at the forthcoming Faculty of Board of Science

*………………………………. …………………………………………*

Date **Dean/Science**

The Faculty Board of Science at its ………. meeting recommended the above request.

*………………………………. …………………………………………*

Date **AR/Science**

The senate at its ………. meeting recommended the above request.

*………………………………. …………………………………………*

Date **AR/Science**