Application for Students' Appeal

l	Students who has to repea	the ex	amina	tion af	ter thire	d atten	npts (ind	luding	the p	roper	attem	ot) sha	uld co	mplet	e this j	form]	
	Title:																
	(Mr/Miss/Mrs/Sis.)																
1.	Full Name:																
1.	(Mr./Miss/Mrs.)																
	(IN BLOCK																
	CAPITALS)																
2.	Reg. No. :																
3.	Index No. :																
4.	Telephone No. :																
5.	Year of Registration (Academic Year)					/											
	<u> </u>																
	Postal Address:																
6.	(IN BLOCK																
	CAPITALS)																
7.	Email																
	Provide Valid																
	reason(s) to																
8.	consider you																
0.	under mercy																
	chance for the																
	Examination																
		ECE Title:						Semester					Course code				
				Leve	91			Se	mes	ter			C	ourse	e coc	e	
	Courses to be																
9.	written under																
	mercy chance																
							1										
		 															
		L															

		Level	Course Code	Course Title	Academic year	Grade obtained
	Your previous Examination Records for considering the Mercy Chance					
10.						
	/our					
						·
				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 <u>all official Result sheets</u> 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 <u>without valid reason / supportive documents</u> 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.

.....

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 <u>http://www.sci.jfn.ac.lk/index.php/student-counsellors/</u>.

Office use

Dear AR/Science

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

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Date

Dean/Science

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

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Date

AR/Science

The senate at its meeting recommended the above request.

Date

AR/Science