

(For office use only)

Appeal No:
BOS No:

Received date:

Sent to UMO:
Approved by UMO:

STUDENT'S APPEAL FORM (Old Curriculum)
B.Com Degree Programme
Centre for Open and Distance Learning
University of Jaffna, Sri Lanka.

Full Name: -

Address: -

Reg No: -

Index No: -

Batch: -

Telephone No: -

Email ID: -

Appeals: -

(Please tick "✓" in appropriate box)

Repeat the course	Repeat the exam	Other

Reasons for Appeal: -

If you appeal to repeat the examination, please tick "✓" for the particular subject code in appropriate box.

1 st Year 1 st Semester - Ex/Y 20.....		2 nd Year 1 st Semester- Ex/Y 20.....		3 rd Year 1 st Semester - Ex/Y 20.....		4 th Year 1 st Semester - Ex/Y 20.....	
Ex.Com.1131		Ex.Com.2131		Ex.Com.3131		Ex.Com.4131	
Ex.Com.1132		Ex.Com.2132		Ex.Com.3132		Ex.Com.4132	
Ex.Com.1133		Ex.Com.2133		Ex.Com.3133		Ex.Com.4133	
Ex.Com.1134		Ex.Com.2134		Ex.Com.3134		Ex.Com.4134	
Ex.Com.1125		Ex.Com.2135		Ex.Com.3135		Ex.Com.4135	
Ex.Com.1126							

1 st Year 2 nd Semester - Ex/Y 20.....		2 nd Year 2 nd Semester- Ex/Y20.....		3 rd Year 2 nd Semester- Ex/Y 20.....		4 th Year 2 nd Semester - Ex/Y 20.....	
Ex.Com.1231		Ex.Com.2231		Ex.Com.3231		Ex.Com.4231	
Ex.Com.1232		Ex.Com.2232		Ex.Com.3232		Ex.Com.4232	
Ex.Com.1233		Ex.Com.2233		Ex.Com.3233		Ex.Com.4233	
Ex.Com.1234		Ex.Com.2234		Ex.Com.3234		Ex.Com.4234	
Ex.Com.1225		Ex.Com.2235		Ex.Com.3235		Ex.Com.4265	
Ex.Com.1226							

Medical report attached: - Yes No

Payment you have made until now:

1 st Year <input type="checkbox"/>	2 nd Year <input type="checkbox"/>	3 rd Year <input type="checkbox"/>	4 th Year <input type="checkbox"/>
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I certify that above furnished details are correct and true.

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Date

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Signature

Completed appeal should be reached "Coordinator, B.Com Degree Programme, Department of Commerce, University of Jaffna, Sri Lanka" by hand or registered post.