

STUDENT'S APPEAL FORM

BACHELOR OF ARTS DEGREE PROGRAMME

CENTRE FOR OPEN AND DISTANCE LEARNING (CODL), UNIVERSITY OF JAFFNA, SRI LANKA

(For office use only)

(Received date & Rubber stamp)

Appeal No: Sent to UMO:

BOS No: Approved by UMO:

Received by:

Name in Full:

Address:

NIC No:

Reg. No: UJ/EX/20...../A/..... Index No:

Batch: Batch I / Batch II / Batch I (New Syllabus) / Batch II (New Syllabus)

Telephone No: +94(0).....

Email ID:

Appeal/s: Repeat the course Repeat the Examination Other

Reason/s for Appeal:
 (Please add a separate sheet if space is inadequate)

If you appeal to the repeat examination, please indicate the subject code.

First year		Second year		Third year	
1 st Semester	2 nd Semester	1 st Semester	2 nd Semester	1 st Semester	2 nd Semester
EX.A..... 11.....	EX.A..... 12.....	EX.A..... 21.....	EX.A..... 22.....	EX.A..... 31.....	EX.A..... 32.....
EX.A..... 11.....	EX.A..... 12.....	EX.A..... 21.....	EX.A..... 22.....	EX.A..... 31.....	EX.A..... 32.....
EX.A..... 11.....	EX.A..... 12.....	EX.A..... 21.....	EX.A..... 22.....	EX.A..... 31.....	EX.A..... 32.....
EX.A..... 11.....	EX.A..... 12.....	EX.A..... 21.....	EX.A..... 22.....	EX.A..... 31.....	EX.A..... 32.....
EX.A..... 11.....	EX.A..... 12.....	EX.A..... 21.....	EX.A..... 22.....	EX.A..... 31.....	EX.A..... 32.....

Medical certificate annexed: Yes No
(Use "X")

Payment you have made until now: (Use "X")

First year		Second year		Third year	
1 st Semester	2 nd Semester	1 st Semester	2 nd Semester	1 st Semester	2 nd Semester

Payment (LKR. 500.00) you have paid for appeal procedure (Use "X"): Yes No

(The paid Bank Slip for the deposit should be attached with the appeal form)

I certify that above furnished details are correct and true.

Signature:..... Date:.....

Completed appeal should be reached Assistant Registrar, Centre for Open and Distance Learning, University of Jaffna, Sri Lanka by hand.

