

The Rajarata University of Sri Lanka
Grace Chance Application Form

- 01 i. Registration No :
- ii. Date of Registration :
- 02 Index No :
- 03 Name of the Candidate :
- 04 Address for Communication :
- 05 Contact Phone/ Mobile No :
- 06 Faculty :
- 07 a. Total No. of Credits in Degree Programme :

- b. No. of Credits for : i. Internship :.....
- ii. Research :.....
- iii. Industrial Training :.....

c. No. of Credits for the total Courses : (a - b) =

d. Details of the subject request for grace chance

Incomplete Subjects	1 st Attempt		2 nd Attempt		3 rd Attempt		Assigned No. of Credits for the subject
	Year	Semester	Year	Semester	Year	Semester	

e. Total No. of incomplete Credits :

f. Credit percentage for the incomplete subjects :

I hereby declare that,

1. The information furnished in this application is true, correct and complete.
2. I am appearing for all failed subjects.
3. I am fully aware that this is a special grace chance for the examination to candidates. (Who have exhausted their legitimate chances to complete the degree in the final attempts)
4. I will do **NOT** claim any more chances for writing the examination in this semester.

.....
Signature of the Student

.....
Date

Official Use only

01 Checked by Subject Clerk of the Faculty

.....
Signature of the Subject Clerk

.....
Date

02 Certified by DR/SAR/AR of the Faculty

.....
Signature of the DR/SAR/AR of the Faculty

03 Recommended/ Not recommended

.....
Head of the Department

04 Recommended/ Not recommended by the Faculty Board

Faculty Board No :.....

Faculty Board Date :.....

.....
Signature of Dean