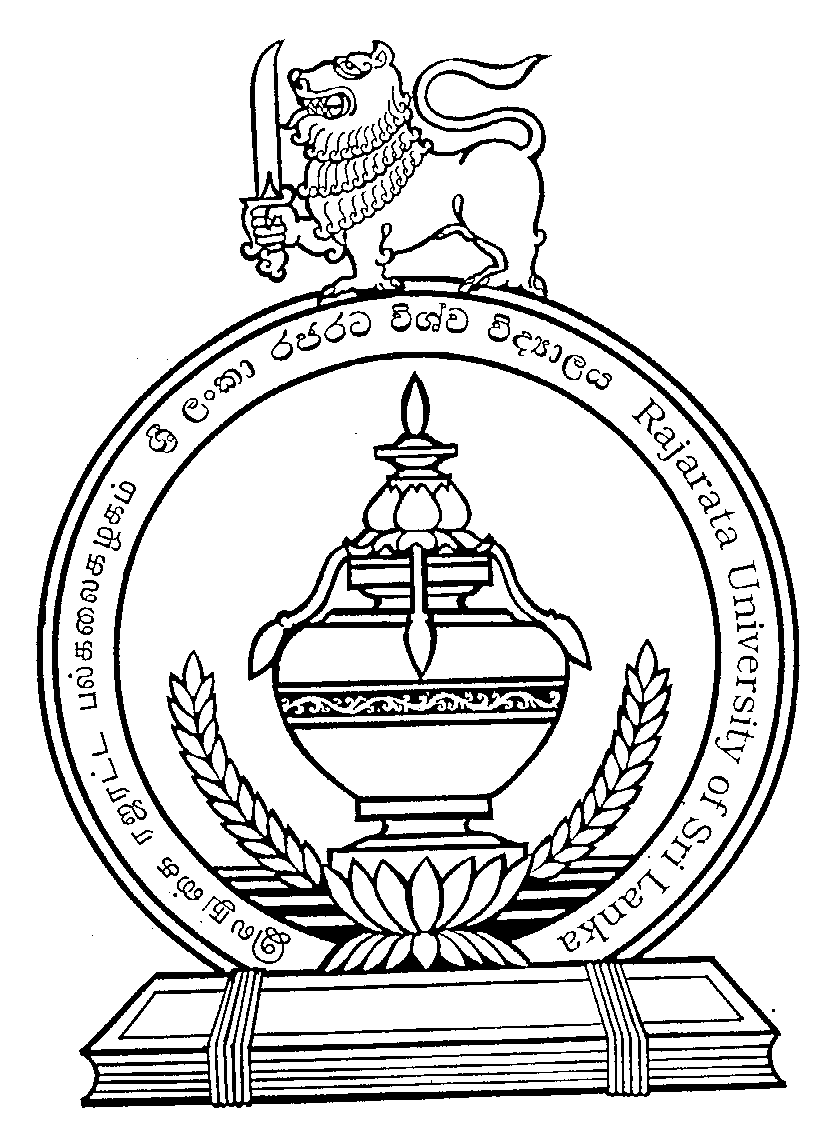
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**FACULTY OF AGRICULTURE**

**RAJARATA UNIVERSITY OF SRI LANKA**

**Application for Examination**

**(For office use only)**

**Mobile No.: ……………………**

**Index No**:

**Name of the Examination: *Master of Agriculture Degree* Medium:** English

**To be filled by the Student:**

***Year ……………. Semester …………….***

1. Name of the Candidate:
   1. Full Name: ………………………………………………...............…………………….

……………………………………………………………………………………...........

* 1. Name with initials: ………………………………………………………………………

1. Address: ……………………………………………………………….………………………
2. Registration Number: …………...……………. Index No: …………..………
3. The date of registration for the degree:…………………………

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***Instructions:***  Recommendation for the Course Coordinator in connection with attendance in the respective courses.   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **S. No.** | **Course. Code** | **Course Title** | **80% attendance**  **(Yes / No)** | **Approval of the Course Coordinator** | | *1.* | *MS 5102* | *Food Processing Technology* |  |  |   ***© Please mention correct course code & title*** |

***\* Please mention correct course code & title. The examination branch is not responsible for writing of incorrect course code or title)***

**Compulsory Courses**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S. No.** | **Course Code** | **Course Title** | **80%**  **(Yes / No)** | **Approval of the Course Coordinator** |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 4. |  |  |  |  |
| 5. |  |  |  |  |
| 6. |  |  |  |  |

**Elective Courses**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S. No.** | **Course Code** | **Course Title** | **80%**  **(Yes / No)** | **Approval of the Course Coordinator** |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 4. |  |  |  |  |

I do hereby certify that the above particulars given by me are true and correct to the best of my knowledge.

Signature of the Applicant: …………………. Date: ……………..