INSTITUTE OF TECHNOLOGY UNIVERSITY OF MORATUWA

APPLICATION FOR FINAL EXAMINATION

Semester I/II Final Examination, 2020 (Online with Proctoring)

(for Repeat Students Only)

1.	Field of Sp	ecialization :				
2.	Name of Candidate (with initials Mr./ Ms.):					
	(Please wr	rite the name as appearing in Student Record	rd Book)			
	i.	Last Name :				
	ii.	Other Names:				
3.	Registration	n No. :				
4.	Address	:				
	Tele. No.	:				
5.	State whether	r appearing for: (Tick the appropriate box)				
	i.	Whole Examination for the first time	7			
	ii.	Repeat module/s	Ī			
6.	Indicate the r	modules for which application is made at this E	Examination:			
	Module Code	Module Name	Previous Status	Previous CA Mark	CA repeated (Y/N/NA)	Module Leader's Initial
1.						
2. 3.						
4.						
5.						
6.						
7.						
8.						
9. 10	<u> </u>					
-	. Fees paid by repeat candidates Rs					
	Date:Head of Division					