

For Office use only

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**FACULTY OF TECHNOLOGY
RAJARATA UNIVERSITY OF SRI LANKA**

To be filled by the students who absent to Examination

01. Registration No :
02. Index No. :
03. Name with initials – (Mr./Ms.) :
04. Name of the Examination :
(eg. 2nd Year 1st Semester September/ October 2022)

S/N	Date of the Exam	Course Code	Title

Submit this form to the office with a Medical Certificate and a Request Letter.

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Date

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Signature