						atuwa, Sri Lan			For (Office Use Only
			<u>Applicati</u>			cademic Tran	scrip	<u>ot</u>		
				(Semeste	er Ba	atches Only)				
(Us wil	L NAME OF GRADUAND * e BLOCK LETTERS as this appear in your nscript)									
NA	ME WITH INITIALS	Mr.	/Miss/M1	<i>'</i> S.						
GEI	NDER *	-	le/Female		DA	TE OF BIRTH *		DD	ММ	YYYY
PO	STAL ADDRESS								I	-
EM	AIL ADDRESS									
NIC	NO.					CONTACT NUMBE	R			
YE	AR OF ADMISSION					REGISTRATION N	0 *			
FIE	LD OF SPECIALIZATION				-					
	LUDE THE MINOR IN THE ANSCRIPT	Yes	/No	MINOR *						
ΡΑ	MENT RECEIPT NO				٨N	OUNT PAID ⁴				
DE	TAILS OF THE TRANSCRIPT	APPL	IED FOR (Ple	ease 🗹)						
		г ²		SSED TRANS	SCRI	PT ³ (Forwarding (Сору)	N	UMBER REQU	IRED
I hereby certify that the information given above is true and accurate and I have no arrears due for the University Library, the Hostels, the Welfare Division & the Department. On Receipt of the Transcript(s) I will return the University Identity Card and get the Student's Record Book invalidated. APPLICANT'S NAME ⁶ :										
DA		•••••		•••••						
	* Items that appear in the Transcript NOTES									
1.										
- •					•		Univ	versitv.		
3.	 A graduand is entitled to obtain <u>ONLY ONE</u> Open Transcript from the University. Attach a separate sheet of addresses including the persons to whom the Transcripts shall be addressed in case Addressed Transcripts are required for Scholarships/Higher Studies, Interviews, Employers, etc. The Transcripts will be directly posted to the requested addresses and the necessary <u>postage</u> should be paid by the applicant to enable the SAR Examinations & Registration to send the Transcripts by post. The following payments shall be made when applying for Transcripts. Payments should be made to University Shroff and the duplicate of the receipt (blue colour copy) received, should be attached with the application form. 									
	•		-			Rs				
			-			ng Copy) R				
5.	No claim certificates from the Library, Hostel office, Welfare Division & the Department to which the applicant belongs to should be attached (see the reverse side of this form). The Transcripts will be issued only upon the submission of the University Identity Card.									
6.	Open Transcripts will of	nly b	e issued to t	the Gradue	and.					
7.	Only the first four (04) Transcripts have been a		-	be issued i	n th	e priority order w	hen n	nore tha	n four (04) .	Addressed
8.										
FOF	R OFFICE USE ONLY		- pr unu su			PRINTED BY	:			

NO CLAIM CERTIFICATES (Only for Undergraduate Students)

	The Library,
	// 20
SAR/Examination,	
I certify that Mr./Miss/Mrs	is not in arrears* / is
in arrears amounting to Rsin connection with the library	services.

•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
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		Hostel Office,
		Tioster Office,
		// 20
SAR/	Examination,	
1.	I certify that Mr./Miss/Mrs	is not in
	arrears* / is in arrears amounting to Rsin connection v	vith the hostel
	services.	
2.	I certify that Mr./Miss/Mrs	is not in
	arrears* / is in arrears amounting to Rsin connection v	vith the welfare
	services.	
	Signature o	f SAR/Welfare

Dept. of
/20
is not in arrears* / is
with the departmental services.
Signature of Head of Dept.