

GAMPAHA WICKRAMARACHCHI UNIVERSITY OF INDIGENOUS MEDICINE

CANCELLATION/ REGISTRATION REQUEST FORM FOR ELECTIVE SUBJECTS

1. Student Registration No -
2. Name -
3. Contact No -
4. Academic Year -
5. Academic Level -

	I	II	III	IV	V
Year					

(Please tick)
6. Course Unit -

Course Code	Course Unit	Cancel	Register

I hereby request to cancel/change (cancel the previous registered subject and register to other one) the registration of above elective course unit/s.

.....
Date

.....
Signature

RECOMMENDATION OF THE RELEVANT HEAD OF THE DEPARTMENT

Recommended / Not Recommended.

If not recommended, Reasons -.....
.....

Name : Department of

.....
Date

.....
Signature and the Official Seal

APPROVAL OF THE RELEVANT DEAN OF THE FACULTY

Approved / Not Approved.

If not approved, Reasons -
.....

Name : Faculty of

.....
Date

.....
Signature and the Official Seal