POSTGRADUATE INSTITUTE OF AGRICULUTRE UNIVERSITY OF PERADENIYA

APPLICATION FOR RENEWAL OF REGISTRATION

Academic Year	:	Semester :	First
Registration No	:		Second
Name in Full	: Mr./ Mrs./ Miss		
Permanent Address	:		
	•		
Address during period of Study	:		
pendu or bilday			
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Degree Programme	: M.Sc./ MBA/ M.Phil./ Sp	ecial M.Sc./ Ph.D./ DB/	7
Board of Study			
Date of Commencen	nent of Degree Programme		
No. of Semesters req	uired to completed Programm	le	••••••
No. of Semesters/Te	rms already completed		
Anticipated Date of	Completion		
No. of Credits Required for the Degree			
No. of Credits Comp	eleted		
Grade Point Average	in the Previous Semester		
Date :	•		to Chudont

Signature of the Student

This form should be perfected and returned to the Office of the Asst. Registrar, Postgraduate Institute of Agriculture within the specified period together with the receipt of payment for the prescribed fees. Course Enrolment Forms and Registration Cards will be issued thereafter.