Examinations Division Uva Wellassa University

Uva Wellassa University Application for Provisional Transcript

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Full Name of the Gradua	ite																
(Please use block letters)							i										
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	-				1.0				13								
Name with Initials		Mr. / Miss / Mrs.															
Gender		Male / Female				Date of Birth				DD			MM			YYYY	
Postal Address																	
Email Address																	
NIC No.							Conta	ct Nun	nber								
Year of Admission		Registration Number															
Faculty																	
Name of the Degree																	
Field of Specialization																	
Payment Receipt No.						Amo	unt Pa	iid									
Address(es) to which the transcript should be sent:																	
I hereby certify that the information given above is true and accurate, and that all dues to the University in connection with the issuance of an academic transcript have been settled.																	
Name of the Applicant :																	
Date :																	

NOTES

- 1. Only the duly completed application forms will be processed.
- 2. In case Addressed Transcripts are required for Scholarships/Higher Studies, Interviews, Employers, etc., recipient details should be provided. Additional sheets may be attached if above space is not enough. The transcripts will be directly posted to the requested addresses and the appropriate <u>postage</u> should be paid by the applicant.
- 3. Students who have already obtained the Final Result Sheets are able to get the Provisional Transcript (without payment) by returning the Original Final Result Sheet.
- 4. The following payments are applicable. Payments should be made to University Shroff and the duplicate of the receipt (green colour copy) should be attached to the application form.

Provisional Transcript - Rs. 250.00 each

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FOR OFFICE USE ONLY			
DATE SUBMITTED	:	CHECKED BY	:
REMARKS	:		
		PRINTED BY	: