



**Gampaha Wickramarachchi University of Indigenous Medicine  
Faculty of Graduate Studies**

**Application for Renewal of Registration  
Postgraduate Diploma & Masters Programmes**

Registered Programme	
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Student Registration Number	
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Rev./ Ven		Dr.		Mr.		Mrs.		Miss		(Please Tick)
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Name in Full (Use block letters)																					

Name with Initials (Use block letters)																				

Name in Full (in Sinhala)																					

Name with Initials (in Sinhala)																				

Date of Birth	Y	Y	Y	Y		M	M		D	D
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NIC Number										
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Civil Status	Married		Gender	Male	
	Single			Female	

Designation	
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Company / Organization	
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Permanent Address	
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Office Address	
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E-mail Address	
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SN	Subject/ Thesis you are going to register	Subject Code
01		
02		
03		
04		
05		
06		
07		
08		
09		
10		
11		
12		
13		
14		
15		

SN	Subject/ Thesis you are going to register	Subject Code
16		
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**Student Registration Renewal Options (Masters and Postgraduate Diploma Programmes)**

Programme	Duration of the Programme	Maximum Duration Allowed (From the initial registration)	Re-registration Requirement (From the Date of Initial Registration)	
			Period	Fee
Two Year Masters	Two Years	Four Years	After two years, re-registration for maximum of another two years	Rs. 5,000/- per year
Postgraduate Diploma	One Year	Two Years	After one year re-registration for maximum of another one year	Rs. 5,000/- per year

I hereby certify that the above mentioned information are true and correct according to the best of my knowledge. I am aware that my candidature will be cancelled if the information provided by me are found false or incorrect.

.....  
Date

.....  
Signature of the Applicant

**Recommendation of the Course Coordinator**

This application is recommended / not recommended.

Name of the Course Coordinator : .....

Signature : .....

Date : .....

**For Official Use Only**

**Recommendation of the Board of Study (BOS)**

This application is recommended / not recommended.

Meeting No : .....

Date : .....

.....

Signature of BOS Chairman

.....

Date

**Recommendation of the Board of Graduate Studies**

This application is recommended / not recommended.

Meeting No : .....

Date : .....

.....

Signature of Dean/ Faculty of Graduate Studies

.....

Date

**Approval of the Senate**

This application is Approved / not Approved.

Meeting No : .....

Date : .....