



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

**Application to Withdraw from the Registered Programme
Postgraduate Diploma and Masters Programmes**

Details of the currently registered programme

1) Currently Registered Programme (*Please Tick*)

Master of Science in Kayacikitsa	<input type="checkbox"/>	Postgraduate Diploma in Kayacikitsa	<input type="checkbox"/>
Master of Science in Pancakarma	<input type="checkbox"/>	Postgraduate Diploma in Pancakarma	<input type="checkbox"/>
Postgraduate Diploma in Shalyatantra	<input type="checkbox"/>	Postgraduate Diploma in Yoga Science	<input type="checkbox"/>
Master of Science in Management & Administration of Ayurveda Institutions	<input type="checkbox"/>	Postgraduate Diploma in Management & Administration of Ayurveda Institutions	<input type="checkbox"/>

2) Registration Number :

3) Registration Year :

4) Present Semester of Studying (*Please Tick*)

Level I - Semester I	<input type="checkbox"/>	Level II - Semester I	<input type="checkbox"/>
Level I - Semester II	<input type="checkbox"/>	Level II - Semester II	<input type="checkbox"/>

5) Have you paid the total course fee? Yes No

If No, amount paid up to now :

Personal Details

- 1) Name with initials :
- 2) NIC Number :
- 3) Contact Number :
- 4) Email Address :
- 5) Address :

Programme Withdrawal Details

1) Reason/s to withdraw from the initially registered programme :

2) Please attach the supporting documents. (In case of a medical reason, a medical certificate from a qualified medical practitioner is required)

Annexure 01 :

Annexure 02 :

Annexure 03 :

I hereby certify that the above information provided by me are true and accurate.

.....
Date

.....
Signature of the Applicant

Recommendation of the Head of the Department / Institute

(Required only if the course application was sent through the Department / Institute)

The request done by Dr./Mr./Ms./
to withdraw from the initially registered programme under Gampaha Wickramarachchi University of
Indigenous Medicine as specified above is recommended/ not recommended.

.....
Date

.....
Signature of the Head of the Department / Institute

Office Stamp

Name :

Address :

.....

Recommendation of the Course Coordinator

This request is recommended / not recommended.

Name of the Course Coordinator :

Signature :

Date :

For Official Use Only

Recommendation of the Board of Study (BOS)

This request is recommended / not recommended by the Board of Study (Indigenous Medicine) at its meeting held on

.....
Signature of BOS Chairman

.....
Date

Recommendation of the Board of Graduate Studies

This request is recommended / not recommended by the Board of Graduate Studies at its meeting held on

.....
Signature of Dean/ Faculty of Graduate Studies

.....
Date

Approval of the Senate

This request is Approved / Not Approved by the Senate.

Meeting No :

Date :