**POSTGRADUATE INSTITUTE OF**

**MEDICAL SCIENCES (PGIMS)**

**UNIVERSITY OF PERADENIYA**

**Student Request Form**

|  |  |  |
| --- | --- | --- |
| **1** | **Name of Student** | ………………………………………………………………………………………………………………… |
| **2** | **Registration No.** | ………………………………………………………………………………………………………………… |
| **3** | **Degree Programme**  | ………………………………………………………………………………………………………………… |
| **4** | **Date of Registration**  | Date………… Month ………. Year …………… |
| **5** | **Date of Expiry of Current Registration**  | Date………… Month ………. Year …………… |
| **6** | **Date of the submission of last progress report** *(Only for research students)* | Date: ………… Month: ……….. Year: ……………. |

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| --- | --- |
| **7.** | **Student Request** *(Tick appropriately, make only one request at a time and give details below)* |
|  | 1. Renewal of Registration (*specify the period of renewal*)

(**From:**  Date …… Month ……. Year ….… **To:**  Date …… Month……. Year ………..) |  |
| 1. Change the Degree Programme/Discipline/Courses *(indicate the change)*
 |  |
| 1. Deferment of Candidature (*specify the period of deferment*)

(**From**: Date …… Month ….. Year …… **To**: Date …… Month……. Year ………..) |  |
| 1. Withdrawal from the Degree Programme
 |  |
| 1. Extension of Candidature  *(First/ Second/ Third Extension)*

(**From**: Date …… Month ……. Year ……… **To**: Date ..…… Month………. Year ………..) |  |
| 1. Postponement of Examination

(**From**: Semester .. ….. Year ……… **To**: Semester ………. Year ………..) |  |
| 1. Appointment/ Change of Supervisors
 |  |
| 1. Request to Appoint Thesis/Dissertation Examiners

*(Research students are required to make this request three months before the expected date of submission of the thesis/dissertation)*  |  |
| 1. Reimbursement of Fees Paid in Excess
 |  |
| 1. Any other (*please specify*)………………………………………..
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**8. Details of the Request:**

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Date: ………………………………………… Signature of Student: ……………………………………