**POSTGRADUATE INSTITUTE OF**

**MEDICAL SCIENCES (PGIMS)**

**UNIVERSITY OF PERADENIYA**

**Student Request Form**

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| **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*)……………………………………….. |  |

**8. Details of the Request:**

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