



**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 <i>(Only for research students)</i>	Date: Month: Year:

7.	Student Request <i>(Tick appropriately, make only one request at a time and give details below)</i>	
	a. Renewal of Registration <i>(specify the period of renewal)</i> (From: Date Month Year To: Date Month..... Year	
	b. Change the Degree Programme/Discipline/Courses <i>(indicate the change)</i>	
	c. Deferment of Candidature <i>(specify the period of deferment)</i> (From: Date Month Year To: Date Month..... Year	
	d. Withdrawal from the Degree Programme	
	e. Extension of Candidature <i>(First/ Second/ Third Extension)</i> (From: Date Month Year To: Date Month..... Year	
	f. Postponement of Examination (From: Semester Year To: Semester Year	
	g. Appointment/ Change of Supervisors	
	h. Request to Appoint Thesis/Dissertation Examiners <i>(Research students are required to make this request three months before the expected date of submission of the thesis/dissertation)</i>	
	i. Reimbursement of Fees Paid in Excess	
	j. Any other <i>(please specify)</i>	

8. Details of the Request:

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Date:

Signature of Student: