APPLICATION FOR RE-ADMISSION TO POSTGRADUATE (PG) PROGRAMMES (PGDip/MSc Eng/M Eng/MPhil/PhD)

*Postgraduate Programmes of the Faculty of Engineering, University of Peradeniya*

1. **Name in Full: ……………………………………….………………………………………**
2. **Registration Number: ……..……………………………………………………………….**
3. **Degree Programme Name:………………………………………..……………………...**
4. **Date of Original Registration: …………………………………………………………….**
5. **Current Standing in the Degree Programme above:**
6. **Coursework1 (if applicable):**

|  |  |  |  |
| --- | --- | --- | --- |
| Year | Course code | Course name | Grade |
|  |  |  |  |

**1please provide certified records (signed by the AR/Engineering)**

1. **Research (if applicable)**

**Name(s) of the supervisor(s):**

**Research topic2:**

**2For research degree (MPhil/PhD), if research topic is changing, please attach new research proposal certified by supervisors.**

**Outcome(s) (attach a report if necessary):**

**Whether course fees are paid in full for the original postgraduate registration**

**Yes/No**

**I hereby declare that the information provided above is true and accurate. I accept the full responsibility for any inaccurate information provided.**

**Signature:…………………… Date:…………………………**

***To be filled by research supervisor(s) (if applicable)***

I/We declare that the information provided above under 5. (b) is true.

I/We declare that the applicant needs to carryout research at least for ……………… more months.

Name of the supervisor Signature

1.

2.

3.

Any other comments:

***To be filled the PG coordinator of the Department***

I recommend/do not recommend the applicant to be readmitted to the programme of ………………………………………….. .

Name of the PG coordinator Date Signature

***To be filled the Head of the Department***

I recommend/do not recommend the applicant to be readmitted to the programme of ………………………………………….. .

Name of the HOD Date Signature

***To be filled the Director/CERPS***

I recommend/do not recommend the applicant to be readmitted to the programme of ………………………………………….. .

Signature Date

***To be filled the Chair/FHDC***

I approve/do not approve the readmission applicant to the programme of …………………………………….. .

Minimum duration shall be ……………………………. Months.

Any other remarks:

Signature Date

***To be filled the SAB/Engineering***

I hereby certify that the student has paid the fees in full for the original postgraduate programme registration.

I hereby certify that the student has paid the re-registration fee for ………………… year(s).

Signature Date

***To be filled the SAR/Engineering***

Following student is re-registered to the ……………………………………………….. Degree/Diploma programme of the faculty of engineering from ………………………………… .

Name:

Registration Number:

Signature Date