



UNIVERSITY COLLEGE

**UNIVERSITY COLLEGE OF JAFFNA**  
**Repeat Application for NVQ 5 Semester I /NVQ 5 Semester II**  
**/ NVQ 6 Semester I / NVQ 6 Semester II Examination –**  
**20.....**

<b>FULL NAME</b>	
<b>REGISTRATION NO</b>	
<b>DEPARTMENT</b>	
<b>NIC NO</b>	
<b>NVQ LEVEL &amp; SEMESTER</b>	

NO	Module Name	Module Code	Results Obtained	In Which Attempt	Lecture’s Signature & Date

<b>Student’s Signature:</b> .....	<b>Date:</b> .....
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<b>HoD/ CC’s Signature:</b> .....	<b>Date:</b> .....
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