



UNIVERSITY COLLEGE OF JAFFNA

APPLICATION FOR CONFIRMATION OF STUDENTSHIP

Full Name (BLOCK CAPITAL):	
Mr/Ms	
Registration No:	
NIC:	
Contact No:	
E-mail ID:	
Present Level or Completed Level :	
Address:	
Purpose: (Current students should attach the evidence)	
Date :	Signature :
Certification of the Head of Department / Course Coordinator: <i>(only for students who are currently following the academic session)</i> Signature of HOD/CC
Approval of Assistant Registrar: Signature of Assistant Registrar

Note: Confirmation letter can be collected after 10 days from the date of acceptance of the application

For office use: The letter was issued/not issued	
Signature of MA	Date

Received the letter:	
Signature of Student	Date