

UNIVERSITY COLLEGE OF JAFFNA FORM FOR CANCELLATION OF COURSE REGISTRATION

	Name of Student			
2.	Registration Number	:		
3.	Department	:	• • • • • • • • • • • • • • •	
4.	Present Level	: Foundation		
		NVQ 5 Semester	I	NVQ 5 Semester II
		NVQ 6 Semester	I	NVQ 6 Semester II
5.	Completion of course:	: Foundation		
		NVQ 5 Semester	Ι	NVQ 5 Semester II
		NVQ 6 Semester	Ι	NVQ 6 Semester II
6.	1 2	opout : Id attach the copy to prove their		
6. 7.	(Drop out applicants show	Id attach the copy to prove their Student Record book Student Identity Card		
7. I cer	(<i>Drop out applicants shou</i> Submitted Documents:	d attach the copy to prove their Student Record book	r reason for c	cancelling registration)

Date	Head of Academics
I certify that Mr./Ms Library cards and has dues/ no dues outstanding	has submitted the g.
Date	Assistant Librarian
I confirm that the application is in order / no	t in order.
Date	Signature of Subject Clerk
L certify that Mr /Ms	has dues/ no dues outstanding
and recommended/not recommended to cancel t	-
-	-
and recommended/not recommended to cancel t	the Course RegistrationAssistant Registrar

Date

Student