

(8) Details of the Course Units Applied for:

To be furnished by the Candidate			Office use only	
Course Code	Course Unit Title	Select course units applied for (Mark by "✓")	Recommendation of the Coordinator	
			*Eligibility as per the regulations	Signature of Coordinator
			E / NE	
			E / NE	
			E / NE	
			E / NE	
			E / NE	
			E / NE	
			E / NE	

* Please indicate the Eligibility of the candidate for each course units (E – Eligible / NE – Not Eligible)

.....
Date

.....
Signature of the Student

(Office use only)

Senior Assistant Registrar,
Examinations Branch,
University of Jaffna.

The above student is **allowed / not allowed** to sit the examination.

.....
Date

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Deputy Registrar,
Faculty of Management Studies and Commerce,
University of Jaffna.