



EASTERN UNIVERSITY, SRI LANKA

STUDENT RE-REGISTRATION FORM

Section A- Personal Information

Faculty

:

Degree Program

01. Name with Initial:

02. Full Name:

03. Date of Birth:

04. Age:

05. Permanent Address:

06. Address During study

07. Name & Address of
Person who should be
Informed in case of
Emergency & Tel.No:

08. Telephone No

: Mobile

Land:

09. National Identity Card No

Section B – Academic Information

10. Registration Number: Index No:
11. Year of Study:
12. Course:
13. Subjects: 1. 2.
3. 4.
14. Re-Registration fees paid :
15. ***Please attach paid slip**
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Section C – Declaration by Student

01. I certify that the above information is accurate.
02. I understand that in the event of information being found to be false, my re- registration may be cancelled.
03. I hereby agree to abide by all rules & regulations applicable to students of the University
04. I also agree that in the event of in- discipline on my part, the University may if necessary cancel my registration.

Date :

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Signature of Student

Section D- For office use

Year of Study: Registration No:

Index No:

Faculty: Course :

Subject to followed:
