

**The Rajarata University of Sri Lanka**  
**Grace Chance Application Form**

- 01 Registration No : .....
- 02 Index No : .....
- 03 Name of the Candidate : .....
- .....
- 04 Address for Communication : .....
- 05 Contact Phone/Mobile No : .....
- 06 Faculty : .....

**07 Details of Appearance for Examinations**

Year and Semester	1 <sup>st</sup> attempt month and year	2 <sup>nd</sup> attempt month and year	3 <sup>rd</sup> attempt month and year	GPA
1100				
1200				
2100				
2200				
3100				
3200				
4100				
4200				

**08 Subjects already Completed**

Year and semester	No of subjects	Total no. of credits	GPA
1100			
1200			
2100			
2200			
3100			
3200			
4100			
4200			

Total Credits : .....

Total Credits for the Degree Program : .....

Completed Credit Percentage% : .....

**09 Details of Completed Subjects under Grace Chances previously**

Subject Code	Subject	No. of Credits	Results/ Grade	Passed Month and Year

Total Credits : .....

Total Credits for the Degree Program : .....

Completed Credit Percentage% : .....

**10 Details of Non completed Subjects and request for Grace Chances**

Subject Code	Subject	No. of Credits	Results/ Grade	Total No. of Credits in the particular semester	Total No. of "C" or "Upper Grades" credits in the particular semester

Total Credits : .....

Total Credits for the Degree Program : .....

Non Completed Credit Percentage% : .....

\* If the percentage credits completed is exceeding marginally forward for the Senate decision

I hereby declare that,

1. The information furnished in this application is true, correct and complete.
2. I am appearing for all failed subjects.
3. I am fully aware that this is a special grace chance for the examination to candidates. (Who have exhausted their legitimate chances to complete the degree in the final attempts)
4. I will do **NOT** claim any more chances for writing the examination in this semester.

.....  
Signature of the Student

.....  
Date

Checked by DR/SAR/AR of the Faculty

.....  
**Signature of the DR/SAR/AR of the Faculty**

Recommended/ Not recommended

.....  
**Head of the Department**

Recommended/ Not recommended by the Faculty Board

Faculty Board No :.....

Faculty Board Date :.....

.....  
**Signature of Dean**