## FACULTY OF ISLAMIC STUDIES AND ARABIC LANGUAGE SOUTH EASTERN UNIVERSITY OF SRILANKA STUDENTS REQUEST FORM

1.	Department:	Islamic Studies	Arabic Langu	age			
2.	Academic Year:-		Semester	Ι	II		
3.	Name of the Student:	·Mr./Ms.					
5.	Registration No:- NIC No:- Permanent Address:-	SEU/IS///					
7.	Contact No:- (Land)		(Mobile)				
8.	Study Program & Year:-	General Honours	1 <sup>st</sup> 2 <sup>nd</sup>	] 3 <sup>rd</sup>	]4 <sup>th</sup>		
9.	Title of Request:-	Medical Leave Deferment Subject/Program Change					
10.	Description of Request:-	Fresh Candidate(Examina	tion) Other(Speci	fy)			
11.	Reasons of Request:-	Medical Training/Workshop	]Poverty ]Other(Specify)				
12.	Supportive Documents (Attache	Medical Certificate* d) Identity Card(Copy)	DS/GS Certificate) Examination Admissic		ing Letter		
	Signature of the Stud	lent	Date:				
	(for office use only) Recommended / Not Recommended / Forwarded to the Students Request Committee						
	Reasons for not reco	mmendation					
	Signature / Hea	d	Date:				
*M	*Medical Certificate is considerd as valid whereas issued by the government hospitals, University Medical Officer(UMC						

\*Medical Certificate is considerd as valid whereas issued by the government hospitals, University Medical Officer(UMO), Distric Medical Officer(DMO) Consultant Specialist or an Ayurvedic Physician Registered in the Ayurvedic Medical Council. However, under the exceptional circumstances, a medical certificate issued by a private hospital or a registered private practitioner in SriLanka Medical Council(SLMC) may be accepted whereas it is endorsed by the University Medical Officer.

## Secretary /Faculty Board

Approved to place at the Sub Committee for Students Request Meeting

Signature Dean /Faculty of Islamic Studies and Arabic Language	Date
<u> Chairman / Students Sub Committee Meeting</u>	
Forwarded	
Signature Assistant Registrar / FIA	Date
Chairman /Faculty Board Meeting /FIA	
Recommended/ Not Recommended	
Reasons for not Recommended	
	······
Signature Chairman /Students Sub Committee Meeting	Date
<u>Secretary / Senate, SEUSL</u>	
Recommended / Not Recommended	
Reasons for not Recommended	
	······
Signature Chairman /Students Sub Committee Meeting	Date