SOUTH EASTERN UNIVERSITY OF SRI LANKA
Centre for External Degrees and Professional Learning
Application for Verification of Examination Marks & Grade

(Should be filled in **CAPITAL** letters & Tick ☐ appropriate box)

Details of the Candidate:

01. Name with initials: | Mr. | Ms. |

02. Registration No: | SEU | ES | | | | 03. Index No: | |

04. Year & Semester: | 1st | 2nd | 3rd | 05. Semester: | I | II |

06. Programme: | BA | BBA | BCOM | 07. Contact No. | |

Subject / course unit to be Verified:

08. Name & Year of Examination: | |

09. Subject Code: | | 10. Grade Received: | |

11. Name of Subject: | |
(Use Separate form each subject)

12. Amount Paid Rs. | | 13. Receipt No. | |
(at the rate of Rs. 1,000/- per subject)   *(Original receipt should be attached)*

Date:…………………………   Signature of the Candidate:……………………………

FOR OFFICE USE   **Ex. No.** | |

The above application is received according to the circular? | YES | NO |

The application is accepted /rejected.

……………………………………
Dep. Registrar/CEDPL

Name & Year of Examination	Subject Code & Subject Title	Before Verification		After Verification		Change / Not Change
		Marks	Grade	Marks	Grade	

Name and Signature of Verification Board Members: Date of Verification:………………………………

Name	Designation	Signature