**POSTGRADUATE UNIT (PGU)**

**FACULTY OF ISLAMIC STUDIES AND ARABIC LANGUAGE**

**SOUTH EASTERN UNIVERSITY OF SRI LANKA**

**This application along with the necessary payment should be sent by the applicant to the University/Institute where the applicant has obtained Bachelor Degree or equivalent qualifications.**

Name of Candidate: ...................................................................................

NIC No. of Candidate: ...............................................................................

Address: .........................................................................................................

 .........................................................................................................

Date: ................................................................................................................

Registrar,

University of ………………………………………..

…………………………………………………………….

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Dear Sir/Madam,

**Transcript of Academic Records – 2020**

I have applied for admission to the Postgraduate Unit, Faculty of Islamic Studies and Arabic Language, South Eastern University of Sri Lanka to pursue a program of study during the Academic Year 2020. Please be good enough to forward the transcript of my academic record to the **Assistant Registrar, Faculty of Islamic Studies and Arabic Language, South Eastern University of Sri Lanka, University Park, Oluvil # 32360**, **Sri Lanka** and to reach him / her not later than 31.10.2023. Kindly annex this letter when my transcript is forwarded to the Assistant Registrar, Faculty of Islamic Studies and Arabic Language, South Eastern University of Sri Lanka.

My particulars are as follows,

1. Name in full:.......................................................................................................................................................

2. Name of Degree:...............................................................................................................................................

3. Date of Admission:..........................................................................................................................................

4. Date of Final Examination:..........................................................................................................................

A receipt in support of payment for this transcript is enclosed.

Yours faithfully,

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(Signature of Applicant)