**FORM 1: Postgraduate Student Request Form**

**(To be filled by the Student)**

To : Programme Coordinator : Prof./Dr./Mr./Ms. …………………………………………………………………………………………………..

Department : ………………………………………………………………………………….

From : Name of the Candidate : Mr. / Ms. / ……………………………………………………………………………………………………………….

Registration Number : ……………………………………………………………………………………………………………………………..

Date : ………………………………………………………………………………..

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Degree Programme | Date of Commencement\* | Request | Reason  ( in point form )  with documentary evidence | Other |
|  |  |  |  |  |

\*Please attach copies of relevant pages of the record book to indicate the registration number and the date of registration.

………………………………………………. …………………………………………….

Signature Date

**FORM 2: Postgraduate Taught Programme Coordinator’s Recommendation Form**

**(To be filled by Programme Coordinator)**

To : Director / Postgraduate Studies Division

Through : Head / Department of ………………………………………………………………………………………………….

From : Programme Coordinator : Prof./Dr./Mr./Ms. …………………………………………………………………………………………………..

Date : ………………………………………………..

Subject : ………………………………………………………………………………………………………………………………………………………

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Degree Programme | Candidate Name  ( Mr./Ms.)  &  Registration Number | Date of  Commencement | Expected Date of Completion | Request\* | | | | |
| Leave | Extension | Deferment | Deregistration | Other |
|  |  |  |  |  |  |  |  |  |

\*Please specify the duration / dates of leave / extension / deferment / deregistration. Please attach a copy of the student’s request with documentary evidence.

…………………………………………………………………………….

Prof. / Dr. / Mr. / Ms.

Programme Coordinator

Department of ………………………………………………………………………………………………………………….

University of Moratuwa