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| **logo100height** | **APPLICATION FOR CONFIRMATION OF STUDENTSHIP / ACADEMIC PROGRESS RECORDS**  **FACULTY OF ALLIED HEALTH SCIENCES**  **UNIVERSITY OF RUHUNA** | | | | | | |
| 1. Name: ……………………………………………………………………………………… | | | | | | | | |
| 1. Student Registration No: ……………………………………………………………………. | | | | | | | | |
| 1. Date of Registration: ………………………………………………………………………... | | | | | | | | |
| 1. Student Batch No: …………………………………………………………………………... | | | | | | | | |
| 1. Academic Year: ……………………………………………………………………………... | | | | | | | | |
| 1. Reason for requesting letters: | | | | | | | | |
| Confirmation of Studentship | |  | Academic Progress Records | | |  |  | |
| 1. Addresses to be sent letters: | | | | | | | | |
| ………………………………………………….  ………………………………………………….  ………………………………………………….  ………………………………………………….  …………………………………………………. | | | | | ………………………………………………….  ………………………………………………….  ………………………………………………….  ………………………………………………….  …………………………………………………. | | | |
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| Date:…………………..... | | | | | Signature of Applicant: ……………………… | | | |
| ***For Office Use*** | | | | | | | | |
| Assistant Registrar  Faculty of Allied Health Sciences | | | | | | | | |
| The above information about Mr./Ms. ………………………..………… (Registration No …………………………) is correct/incorrect according to the given information. | | | | | | | | |
| Date:……………………… | | | | Signature of Subject Clerk: ……………………. | | | | |