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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 RegistrarFaculty 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: …………………….  |