



**APPLICATION FOR CONFIRMATION OF  
STUDENTSHIP / ACADEMIC PROGRESS RECORDS**  
**FACULTY OF ALLIED HEALTH SCIENCES**  
**UNIVERSITY OF RUHUNA**

1. Name: .....
2. Student Registration No: .....
3. Date of Registration: .....
4. Student Batch No: .....
5. Academic Year: .....
6. Reason for requesting letters:

Confirmation of Studentship  Academic Progress Records

7. Addresses to be sent letters:

<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
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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: .....