**FACULTY OF DENTAL SCIENCES**

**UNIVERSITY OF PERADENIYA**

**DOCUMENT 6**

**Renewal of Registration for MPhil/PhD**

**To : Dean Dental Sciences**

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

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1. Tentative title of research project :.......................................................................

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1. Whether full/part time :..........................................................
2. Date of initial registration:........................................................
3. Period requesting renewal: from ........................................ to ..................................

(Please attach a copy of the receipt of payment)

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Signature of candidate Date :........................................

 Observation of the supervisor/s:

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Signature/s of the Supervisor/s

 1. ....................................................................... Date :...............................

 2. ........................................................................ Date :.................................