**APPLICATION FOR STUDENT REQUESTS**

Undergraduate Unit, Faculty of Dental Sciences,

University of Peradeniya

Registration No : …………………………………………………………….

Name with Initials : Mr. / Ms. ………………………………………………………………………………….

Home Address : ……..…………………………………………………………………………………………

…………………………………………………………………………………………………………………………………

Telephone No : …………………………………………………………………………………………………..

Letter to be Addressed (if any): .……………………………………………………………………………….

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**Requesting Letter is:**

|  |  |
| --- | --- |
| Studentship Confirmation |  |
| Progress Report |  |
| Medium of Instruction |  |
| Other |  |
|  |  |

Specify: ……………………………………….…………………………………………………………………..............

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Supporting documents: Annex 1. …………………………………………………………………………..

Annex 2. ……………………………………………………………………………

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Signature ………………………………………… Date ……………………………………..

Duly completed application form should be handed over to Undergraduate Unit of the Faculty of Dental Sciences or email to ugufds@dental.pdn.ac.lk.