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: ……

……

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.