For office use only

FAC No:

Appeal Form

Faculty of	Information	Technology	- University	of Moratuwa
------------	-------------	------------	--------------	-------------

This form should no							nodule/s, odule regi	requesting alternative istration.	e module/s f	or
Name of the Student										
Registration No					Contact No					
Level & Semester							L			
Semester GPA	L1S1	L1S2	L2S1	L2S2	L3S1	L4S1	L4S2	Training completed	Yes	
Semester GFA		L132		1232		1451	L4JZ		No	
Appeal in Brief (In one s	entence)	:								
Summary of the Appeal	(Additior	nal inform	ation sho	uld be p	rovided in	a separa	te sheet) :			
Details of the Supporting Annex 01: Annex 02: Annex 03:							attached)			
I understand that the su Furthermore, I have rev									University.	
Signature of the Student							Date			
Recommended/ Not rec	ommend	ed :								
Signature of the Academ	nic Adviso	or					Date			
Recommended/ Not rec	ommend	ed :								
Head of the Department	t (IT/CM/	IDS)					Date			
Director/ Undergraduate	te Studies						Dean /Faculty of Information Technology Date			

The duly completed form with the relevant supporting documents must be submitted to the Dean's Office on or before the 2nd Friday of the month to be considered at the FAC of the same month.