

**APPLICATION FORM – GRADUATION CEREMONY**

*Press firmly, use ball point pen.*

1. PRINT THE NAME EXACLTLY AS IT IS TO APPEAR ON THE CERTIFICATE/TRANSCRIPT ( AS PER THE PASSPORT )

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

1. Current Phone Number: ……………………………………………………………………………………………………………………
2. Address for correspondence: ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………
3. Please indicate the qualification you are applying (Tick the relevant box)

Foundation in Biological Sciences

Certificate in Health Sciences – Pathway to TAFE

Diploma in General Nursing

Diploma in Physiotherapy

Post Graduate Diploma in Hospital Administration

Diploma in Enrolled Nursing – Sri Lanka

If other, please indicate

…………………………………………………………………………

1. Please indicate whether the following things are done and get the signature and the seal from the relevant person/department

Have taken all the examinations

…………………………………………………………………………

Have submitted all the assignments

…………………………………………………………………………

Have completed the required clinical placement hours

…………………………………………………………………………

Have submitted the completed Clinical Record Book …………………………………………………………………………

Have submitted all the documents for the Personal File

…………………………………………………………………………

Have returned all the library books

…………………………………………………………………………

Do not have any due payments

…………………………………………………………………………

***Important***

All the graduates are requested to pay a sum of Rs……………………. as the graduation fee.

The transcript and the certificate will be issued once the coordinator of the respective program informs the students the date of issue via an email.

……………………………………………………..

**Signature of the Applicant**

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

**Signature of the Program Coordinator Head of Academic Affairs**