University of Colombo, Institute for Agro-Technology and Rural Sciences
Application for Semester Registration

Registration for **Third** year **Second** Semester

Registration No. [   ]

Name of the Student: Full Time/Part Time……………………

1. Name in Full: ……………………………………………………………………………………….
2. Name with Initials: ……………………………………………………………………………………….
3. Permanent Address: ……………………………………………………………………………………….
4. Telephone No: ……………………………………………………………………………………………
5. Reference number of the payment made :……………………………………………………………..
   (Reference number will be received to your mobile phone as a text when you completed the payment of semester fee via online payment gateway)

Academic Year: …………………………   Semester of the Student: 1 2 3 4 5 6 7 8

Course Number	Course Title	Number of Credits
AT3201	Crop Production Practices	4
AT3202	Livestock production practices	3
AT3203	Agriculture Engineering practices	2
AT3204	E-Commerce for Agriculture	2
AT3205	Precision Agriculture	2
AT3206	Entrepreneurship & Business Planning	2
AT3207	Case study	2
AT3208	Presentation Skills	0

Optional Course

Course Number	Course Title	Number of Credits

Signature of the Student: …………………………   Date: …………………………………..

Accounts Division

Above named student,

i).   has paid the total Semester fee   [   ]

ii).   has arrears of Semester fee   [   ]

       (Due payment: Rs……………………………..)

Signature of the authorized Officer   : …………………………

Date   : …………………………

For Office Use Only

Recommendation of the SAR/AR (or authorized officer):…………………. Remarks: …………………
                                                        (Signature)