

University of Colombo, Institute for Agro-Technology and Rural Sciences
Application for Bridging Course Examination – 2019/2020 intake

Registration No.

Name of the Student:

1. Name in Full:
2. Name with Initials:
3. Year (2nd year, 3rd Year) :

Permanent Address :	Present Address :
Telephone No:	Telephone No:

Course Title	Signature of Head of the Department
Agronomy, Crop Production and Crop Protection	
Livestock Production	
Agriculture Economics and Extension	
Agriculture Engineering	
Food and Post-Harvest technology	

Signature of the Applicant: Date:

Accounts Division

Above named student,

- i). has paid the total Bridging course fee
- ii). has arrears of Bridging course fee

(Due payment: Rs.)

Signature of the authorized Officer :

Date :

For Office Use Only

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

*State the reason if not recommended **Course which fulfilled eligibility criteria

*** 1. Absent with medical, 2.Absent, 3.Failed, 4.Ineligible, 5.Upgrading GPA