**University of Colombo Institute for Agro-Technology and Rural Sciences**

**Application for Semester Registration of the Bachelor of Agro-Technology Degree Programme**

Registration for **Second** year **First** 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** |
| **AT2101** | Production and Management of Plantation crops | 3 |
| **AT2102** | Crop improvement and Biotechnology | 2 |
| **AT2103** | Production and Management of Fruit crops | 2 |
| **AT2104** | Post Harvest Handling and Food technology | 2 |
| **AT2105** | Agrostology and Grassland management  | 2 |
| **AT2106** | Agribusiness Management | 2 |
| **AT2107** | Basic statistics | 2 |
| **AT2108** | Computer Assisted Language Learning (CALL) | 0 |

**Optional Course**

|  |  |  |
| --- | --- | --- |
| **Course Number** | **Course Title** | **Number of Credits** |
|  |  |  |
|  |  |  |

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

**Accounts Division**

Above named student,

1. has paid the total Semester fee
2. has arrears of Semester fee

(Due payment: Rs………………………………..)

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

Date : …………………………

**For Office Use Only**

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

(Signature)