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

**Application for the 4th Year 1st Semester End –Examination Appearing at the First Attempt**

**BAg.Tec/**

**Registration No.**

Name of the Student:

1. Name in Full: …………………………………………………………………………………….......….
2. Name with Initials: …………………………………………………………………………………........
3. Batch and Group:…………………………………………………………………………………….......
4. NIC Number: ……………………………………………………………………………………….........
5. Medium: ……………………………………………………………………………………………........
6. Permanent Address : ……………………………………………………………………………….........
7. Telephone No: ……………………………………………………………………………………….......
8. Email : .......................................................................................................................................................

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

SGPA of the last Semester: ……………………. Latest OGPA: …………………………..

**Fourth Year First – Semester End Examination Appearing at the First Attempt**

|  |  |  |  |
| --- | --- | --- | --- |
| **Course Number** | **Course Title** | **Number of Credits** | **Signature of Course Coordinator \*** |
| **AT4101** | Research Methodology & Proposal Development | 2 |  |
| **AT4102** | Agricultural experimentation and data analysis | 3 |  |
| **AT4103** | Agricultural Project Analysis & Management | 2 |  |
| **AT4104** | Agricultural Waste Management | 2 |  |
| **AT4105** | Renewable Energy Systems | 2 |  |
| **AT4106** | Crop Modeling | 2 |  |
| **AT4107** | Applications of e-agriculture | 2 |  |
| **AT4108** | Bio-ethics | 1 |  |
| **AT4109** | English | 0 |  |

**Optional Course**

|  |  |  |  |
| --- | --- | --- | --- |
| **Course Number** | **Course Title** | **Number of Credits** | **Signature of Course Coordinator \*** |
|  |  |  |  |
|  |  |  |  |

Signature of the Applicant: …………………………… Date: ………………………….

**Accounts Division**

Above named student,

1. has paid the total Semester fee
2. has arrears of Semester fee
3. has arrears of hostel and other 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