

University of Colombo Institute for Agro-Technology and Rural Sciences
Application for Semester Registration of the Bachelor of Agro-Technology Degree
Programme

Registration for Fourth 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
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 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)