



Faculty of Arts – University of Jaffna

Higher Diploma in Media Studies

Application form for Semester Examination -2021

1. The particulars required in the form should be filled clearly and completely.
2. If it is a repeat examination, Rs- 250/= for each subject unit should be paid at the Peoples' Bank (A/C No: 040012250000996 University Branch, and the receipt should be attached with this form.
3. Incomplete applications or filled incorrectly will be rejected.

Put a tick (“ ✓ ”) in the appropriate box.

1. Which of the following categories you apply for the following semester examination?

- 1st Attempt.
- Repeat Candidate.
- Medical/ Suitable reasons with the approval of the senate.

2. The year and semester you apply:

- | | |
|----------------------------------|--|
| <input type="checkbox"/> Year I | <input type="checkbox"/> 1 st Semester. |
| <input type="checkbox"/> Year II | <input type="checkbox"/> 2 nd Semester. |

3. Index Number :

4. Registration Number :

5. Sex : Male Female

6. Mr. **Mrs.** **Miss.**

7. Name with Initial/s:

In Tamil /Sinhala :

.....

In English:

.....

8. Subject units applied:

No.	Unit No	Title	In-course *Assessment (Yes/No)	Attendance** (Yes/No)	Eligibility (Yes/No)	Signature of the Coordinator/HDMS
1	AHDMS 1013	Reporting				
2	AHDMS 1022	Broadcasting Skills				
3	AHDMS 1033	Basic Theories of Communication				
4	AHDMS 1042	Tamil Language Skills for Journalists				
5	AHDMS 1052	ICT Skills for Journalists				
6	AHDMS 1062	Sri Lankan Governance Structure				

Note:-

*A student who obtained above 50% in In-course Assessment will be eligible to appear for the semester examination

**A students who satisfied 80% attendance will be to appear for the semester examination

09. If you are a repeat candidate who sits the examination more than thrice,

Have you obtained the approval of the senate?

If yes, which senate? State the Number of the senate sitting?.....

10. If repeat examination, give details of the payment made:

Amount paid :..... Date :.....

Receipt Number :.....

I certify that the above particulars are true and accurate.

Date:

.....
Signature of the Candidate

For office use only

**Senior Assistant Registrar,
Admission Branch**

Date:

.....
Deputy Registrar/ Faculty of Arts