



Continuing Registration Form



PERSONAL INFORMATION

Student ID:

First Name:

Last Name:

E-mail:

Degree:

Continuing Year:



COMPLETED SUBJECTS

Subject 1:

Result:

Subject 2:

Result:

Subject 3:

Result:

Subject 4:

Result:

Subject 5:

Result:

Subject 6:

Result:



Continuing Registration Form



SUBJECTS WILLING TO TAKE IN THE PROCEEDING YEAR

Subject 1:

Subject 2:

Subject 3:

Subject 4:

Subject 5:

Subject 6:

Upon saving the application form, submit it via e-mail.

EMFSS: supun@ric.lk

LLB: shasheeka@ric.lk