

(For office use only)

Appeal No:
BOS No:

Received date:
Processed date:

Sent to UMO:
Approved by UMO:

STUDENT'S APPEAL FORM
BBM External Degree Programme
Faculty of Management Studies and Commerce
University of Jaffna

Full Name: -

Address: -

.....

Reg No: -

Index No: -

Batch: -

Telephone No:-

Email ID: -

Exam Details that you have completed:-

1st Year 1st Semester

Subject	Assignment	Proper	Repeat
1101	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1102	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1103	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1104	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1105	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1st Year 2nd Semester

Subject	Assignment	Proper	Repeat
1201	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1202	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1203	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1204	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1205	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2nd Year 1st Semester

Subject	Assignment	Proper	Repeat
2101	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2102	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2103	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2104	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2105	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2nd Year 2nd Semester

Subject	Assignment	Proper	Repeat
2201	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2202	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2203	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2204	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2205	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3rd Year 1st Semester

Subject	Assignment	Proper	Repeat
3101	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3102	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3103	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3104	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3rd Year 2nd Semester

Subject	Assignment	Proper	Repeat
3201	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3202	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3203	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3204	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Appeals: -
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.....
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Reasons for Appeal: -
.....
.....

Medical report attached: - Yes No

Payment Details: -

1 st year 1 st Semester	<input type="checkbox"/>
1 st year 2 nd Semester	<input type="checkbox"/>
2 nd year	<input type="checkbox"/>
3 rd year	<input type="checkbox"/>

I certify that above furnished details are correct and true

.....
Date

.....
Signature

Completed appeal should be reached Coordinator, BBM Degree Programme, Faculty of Management Studies and Commerce, University of Jaffna by hand or post.