

# EXAMINATION REGISTRATION:RE-SIT

Date: .....

ST/08/AR/08

Postgraduate Institute of Archaeology (PGIAR)

1. Student Number #. . . . .
2. Name with Initials: . . . . .
3. NIC/Passport # . . . . .
4. E-mail: . . . . .
5. Contact phone: . . . . .
6. Academic year: . . . . .
7. Semester: . . . . .
8. Course Fees paid: Rs. . . . .
9. Course Unit codes: 1. . . . . 2. . . . . 3. . . . . 4. . . . . 5. . . . .
10. Reasons for re-sit:  to achieve higher grades /  could NOT take the exam
11. Coordinator's signature: . . . . .
12. **Student's signature:** . . . . .

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## For Office Use

A. PAYMENT HISTORY CHECK: Course Fees / Field Work Fees / Library Fees / Lab Fees / Field Tour Fees / Examination Fees / .....

AR Office Assistant                      PIF stamp                      Accounts Branch stamp

Is the Semester Registration Form in file? Y / N | Is the Course Unit Registration Form in file? Y / N [IF 'NO' DO NOT PROCESS]

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## B. ADMISSION FORM:

**Dear student,** Examinations will be held during the Examination Weeks as given in the PGIAR Academic Calendar. You **MUST** check with the AR Academic Office Notice Board for exact dates and times.

Examiner/ Supervisor or Invigilator's signature

**Course Unit:** . . . . . | **Course Unit:** . . . . . | **Course Unit:** . . . . .

**AR/Academic signature:** . . . . . **Date:** . . . . .