

Faculty of Graduate Studies

	To be filled by the Student
Name with Initials :	
Registration Number :	
Degree: Contact N	Number :
Address:	
Email:	

	University of the Visual and Performing Arts 21,Albert Crescent, Colombo 07, Sri Lanka. fgs.vapa@gmail.com/fgsvpa1@gmail.com 0113461502/0113461504	Degree : Contact Nu Address : Email :	
To be filled by the	Request for the Sen	ninar Presentation	
Please tick $()$ th			
1. Seminar Prese *for PhD candida	ntation 1.1 Category one : Literature Survey 1.2 Category two* : Any other seminar ntes,	First Submission Re- Submis	ssion
2. Topic of the		ε)	
3. Number of	progress reports submitted :		Date
4. Recommen	ndation of the Supervisor(s)		
	he Internal supervisor	To be filled by the External supervisor	
4.1 Is the work 4.2 If not, pleas necessary)	on schedule : Yes No See give reason(s) : (please use a separate sheet if	4.4 Is the work on schedule: Yes 4.5 If not, please give reason(s): (please if necessary)	-
4.3 What steps	would be taken to avoid further delays? (If any)	4.6 What steps would be taken to avoic	d further delays? (If any)
Name	Signature Date	Name Sigr	nature Date
(To be filled by th	e office of the FGS)		
	gistration Te	rmination date of the registration	
Details are accura	ate Checked byRelevent officer	Signature	Date
I confirm the abo	ove details to proceed for the presentaion		
Assistant Registra	ar		