



Faculty of Graduate Studies
University of the Visual and Performing Arts
 21, Albert Crescent, Colombo 07, Sri Lanka.
 fgs.vapa@gmail.com / fgsvpa1@gmail.com 0113461502 / 0113461504

Name with Initials :
 Registration Number :
 Degree : Contact Number :
 Date of Registration :
 Address :
 Email :

Application for the Submission of MPhil / PhD : Final Thesis to the Examination Division*

1. Topic of the Research :

2. Number of seminars completed according to the Bylaws :

3. Number of abstracts presented according to the Bylaws :

4. Did you request for an extension ? Yes No

4.1 If "Yes" did you receive the approval for the extension ? Yes No

5. Course fee settlement status - Fully Paid Pending**

6. Did you complete all the other prerequisites ? Yes No

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Signature

.....

Date

* *Hard-bound Thesis*

** *If the course fee is pending , contact Assistant Registrar of the faculty for a realistic settlement.*

(To be filled by the office of the FGS)

Date of first registration

Termination date of the registration

Last date of eligibility for extension

Details are accurate . - Checked by

Relevant officer

.....

Signature

.....

Date

I confirm the above details

.....
 Assistant Registrar

Faculty of Graduate Studies

Date :