

**STUDENT'S APPEAL FORM – MERCY CHANCE**  
**FACULTY OF ALLIED HEALTH SCIENCES,**  
**UNIVERSITY OF JAFFNA, SRI LANKA.**

(Received  
date & Rubber  
stamp)

1.	Title:(Mr/Miss/Mrs)			
	Full Name: (IN BLOCK LETTERS)			
2.	Address:			
3.	Reg. No:			
4.	Index No.			
5.	Batch No:			
6.	Current year of study:			
7.	Contact No:			
8.	Category of Appeal	<b>Mercy Chance</b>		
9.	<b>Details of Examination:</b>	Examination:..... Year :..... Semester:.....		
		<b>Course Code</b>	<b>Course</b>	<b>Previous best results</b>
				<b>No of Previous Attempts</b>

I certify that above mentioned details submitted by me are correct and true.

.....  
Signature of the Student

.....  
Date

**Recommended / Not Recommended to place at the forthcoming Faculty Board**

.....  
**Head of the Department**

**Recommended / Not Recommended to place at the forthcoming Faculty Board**

.....  
**Dean, FAHS**

**Note: Students who have exhausted their three attempts in a subject must submit an appeal at least two months before the examination.**