

## Faculty Board Memo

To: The Chairman, Faculty Board of the FMAS

From: Director - Examinations, FMAS, RUSL

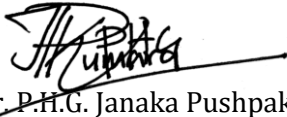
Subject: **Format of the Application for Grace Chance**

Date: 10/12/2019

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Herewith I am sending the format of the 'Application for Grace Chances' for examinations, Faculty of Medicine & Allied Sciences, Rajarata University of Sri Lanka, as suggested by the Senate at its 233<sup>rd</sup> meeting that held on 5/12/2019, for Faculty Board recommendation.

Students should submit this form to the Dean's office along with the request letter and supporting documents (if any), minimum of 10 (ten) weeks prior to the commencement date of the examination..



Dr. P.H.G. Janaka Pushpakumara  
Director / Examinations  
Faculty of Medicine & Allied Sciences  
Rajarata University of Sri Lanka

**Faculty of Medicine & Allied Sciences  
Rajarata University of Sri Lanka**

**APPLICATION FOR GRACE CHANCE**

01. Name of the Student: Mr./Ms.....

02. Registration Number:.....

03. Index Number:.....

04. Date of Registration (dd/mm/yyyy): ...../...../.....

05. Contact Number/s : .....

06. Name of the Examination (please select with "✓") :

2<sup>nd</sup> MBBS                                       3<sup>rd</sup> MBBS (Part I)

3<sup>rd</sup> MBBS (Part II)                               Final MBBS

07. Reason for the Request

Exceeding the maximum number of attempts (applicable only for 2<sup>nd</sup> MBBS examination)

Exceeding the maximum duration (applicable only for all the examinations)

08. Number of Previous Attempts: Total: .....                              Grace Chances:.....

09. Details about the previous attempts (please use an additional sheet if necessary) :

Subject	Results				
	Attempt 1 Date (mm/yyyy): .....	Attempt 2 Date (mm/yyyy): .....	Attempt 3 Date (mm/yyyy): .....	Attempt 4 Date (mm/yyyy): .....	Attempt 5 Date (mm/yyyy): .....
1.					
2.					
3.					
4.					
5.					

10. Details about the previous examination results:

Examination	Subject	Completed date (mm/yyyy)	Office use only	
			Verification	Signature*
2 <sup>nd</sup> MBBS	Anatomy		<input type="checkbox"/> Verified	
	Biochemistry		<input type="checkbox"/> Verified	
	Physiology		<input type="checkbox"/> Verified	
3 <sup>rd</sup> MBBS (Part-I)	Microbiology		<input type="checkbox"/> Verified	
	Parasitology		<input type="checkbox"/> Verified	
3 <sup>rd</sup> MBBS (part II)	Community Medicine		<input type="checkbox"/> Verified	
	Forensic Medicine		<input type="checkbox"/> Verified	
	Pathology		<input type="checkbox"/> Verified	

	Pharmacology		<input type="checkbox"/> Verified	
Final MBBS	Medicine		<input type="checkbox"/> Verified	
	Surgery		<input type="checkbox"/> Verified	
	Gynecology & Obstetrics		<input type="checkbox"/> Verified	
	Pediatrics		<input type="checkbox"/> Verified	
	Psychiatry		<input type="checkbox"/> Verified	

\* Signature of the officer who checked the marks register and verified

I state that the information given in this form is correct and accurate to the best of my knowledge.

.....

Signature of the Applicant

.....

Date

**Instructions for students**

Please submit this form to the Dean's office along with the request letter and supporting documents (if any) minimum of 10 (ten) weeks prior to the commencement date of the examination.

**Office use only** (to be filled by the Examinations Division, FMAS, RUSL)

Details of Faculty Board Decision

Approval :

Faculty Board Meeting No.:

Faculty Board Meeting Date:

Memo No. :

**Decision**

Grace Chance:

Accepted

Not Accepted

Remarks:

**Authorization**

All the details given above have been checked and verified. Grace chance is recommended and forwarded for Senate approval.

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AR/SAR, FMAS, RUSL

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Dean, FMAS, RUSL