



College of Chemical Sciences

Institute of Chemistry Ceylon

Laboratory Mutual Transfer Form

(This section should be completed by the student intending to transfer from Weekday to Weekend)

1. Name:.....
2. Registration Number:.....
3. Current Laboratory Group: (Eg 20 WD 1).....
4. Laboratory Group that you intend to transfer:.....
5. Reason for the transfer from Weekday to Weekend:.....

Attach a copy of proof for the transfer. *(Student must produce the original document to the assistant registrar and get certified a copy of original document to be attached with this application)*

I will declare that above particulars are accurate to the best of my knowledge. Further, I agree to mutually transfer with (Mr/Ms).....

Signature:.....

Date:.....

Please Turn Over

(This section should be completed by the student intending to transfer from Weekend to Weekday)

6. Name:.....

7. Registration Number:.....

8. Current Laboratory Group: (Eg 20 WD 1).....

9. Laboratory Group that you intend to transfer if different from (3):.....

(See the Assistant Registrar for the availability)

I will declare that above particulars are accurate to the best of my knowledge. Further, I agree to mutually transfer with (Mr/Ms).....

Signature:.....

Date:.....

(Official Use only)

Transfer had been completed and a copy of original document and this form had been filed with each students' original application form.

Signature of Assistant Registrar:..... Date:.....

The original of this form should be submitted to the Assistant Registrar and the copy must be kept with the student.