## Student Request Form Postgraduate Institute of Agriculture University of Peradeniya

Name	Rev./Mr./Ms./Mrs./Dr.		
Reg. No		_	
Board of Study			
Degree Programme			
Contact No.			
Problem needs to be solved	To: Director / Deputy Registrar / Asst. Postgraduate Institute of Agricultu University of Peradeniya.	Registrar	
Signature		Date	