**INSTITUTE OF BIOCHEMISTRY, MOLECULAR BIOLOGY & BIOTECHNOLOGY, UNIVERSITY OF COLOMBO**

**Registration Form for MSc in Cellular and Molecular Immunology**

Name with initial (Dr./Mr./Mrs./Miss) : …………………………………………………….

………………………………………………………………………………………………………

Intake : …………………………………………………….

Address : …………………………………………………….

Contact Number : …………………………………………………….

Email Address : …………………………………………………….

Student Registration No. / Index No. : …………………………………………………….

I request to register for the following Course Units.

|  |  |  |
| --- | --- | --- |
| **No.** | **Course Code** | **Name of the Course Unit** |
| 01 |  |  |
| 02 |  |  |
| 03 |  |  |
| 04 |  |  |
| 05 |  |  |
| 06 |  |  |
| 07 |  |  |

**Note:** Indicate the courses you are registering for, especially the optional module of preference. Be informed that if a minimum number is not satisfied for the optional course you prefer, you are compelled to follow the optional course preferred by the majority in the batch.

I hereby certify the payment receipt of Registration Fee and Course Fee of ……………………. is attached herewith and all information provided by me are true and accurate.

Date: ………………….. Signature: ………………………………...

**FOR OFFICIAL PURPOSE**

Recommended by: ……………………

Coordinator/ Assistant Coordinator, CMI Date: ………………………………….

Approved by: …………………………

Director/IBMBB Date: ………………………………….

Remarks