

Faculty of Dental Sciences
University of Sri Jayewardenepura
Recommendation for a Progress Report

Details of the Student

Name : (Mr./Ms.)

Reg. No. :

Index No. :

Batch :

Academic Year :

Reason :

Recommendation

1. Attendance at (Good or Poor):

Lectures :

Tutorials :

Practicals :

Continuous Assessments :

Clinicals :

2. Medical Leave (No of days) :

3. Conduct (Good or Unsatisfactory) :

I recommend / not recommend the student

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Date :

Signature

Preclinical/Paraclinical/Clinical Coordinator/Personal Tutor/

Head Dept. of