

**Faculty of Agriculture**

**Rajarata University of Sri Lanka**

**Application for the Selection of a Majoring Module**

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| **For Office Use Only**Recommendation of the Selection Committee of Majoring Module:……………………………………………………………………………………………………………………………………………………………………………………………………………… | Student Name with Initials: …………………………………………………..……………………Registration No: …………………………………….………..Contact: mobile:……………………………………………….Email:……………………………………………………………… |

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| **GPA up to Year II Semester II** | **The preference for the majoring module** |
| Semester | Complete/ Incomplete | GPA | The preference for the majoring module that you intend to follow from Year III Semester II onwards, should be listed in order of priority. Please indicate 1 for 1st priority preference, 2 for 2nd priority preference etc.  *(A minimum of three preferences should be indicated)* |
| Y. I S. I |  |  | Department | Majoring Module | Order of Preference |
| Y. I S. II |  |  | Agricultural Engineering & Soil Science | Agricultural Engineering |  |
| Y. II S. I |  |  | Environmental Soil Management |  |
| Y. II S. II |  |  | Agricultural Systems | Agricultural Economics & Extension |  |
| Cumulative GPA up to Year II Semester II |  | Agricultural Systems Management |  |
|  |  |  | Animal & Food Sciences | Animal Production & Technology |  |
|  |  |  | Food & Postharvest Technology |  |
|  |  |  | Plant Sciences | Crop Science |  |
|  |  |  | Agricultural Biology |  |
|  |  |  | *Note: Maximum of 25% of the total number of students of the respective batch is allowed to follow one majoring* *module*. |

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| **Compulsory Course Units** | **Optional Course Units** |
| No.  | Course Code | Course Name | No. of Credits | No.  | Course Code | Course Name | No. of Credits |
| 1. |  |  |  | 1. |  |  |  |
| 2. |  |  |  | 2. |  |  |  |
| 3. |  |  |  | 3. |  |  |  |
| 4. |  |  |  | 4. |  |  |  |
| 5. |  |  |  | 5. |  |  |  |
| 6. |  |  |  | 6. |  |  |  |
| 7. |  |  |  | 7. |  |  |  |
| 8. |  |  |  | 8. |  |  |  |
| Total No. of Compulsory and Optional Credits: …………………….. |

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| **Audit Course Units** |
| No.  | Course Code | Course Name | No. of Credits |
| 1. |  |  |  |
| 2. |  |  |  |

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 Signature of the Student Date