

UNIVERSITY OF COLOMBO, SRI LANKA
FACULTY OF GRADUATE STUDIES
APPLICATION FOR ADMISSION

(For Office Use Only)

App No: C-....

App Admission Fee-

Category - Local / Foreign

PERSONAL DATA

NAME IN FULL

(Underline the Last Name)

NAME WITH INITIALS

CONTACT ADDRESS

HOME ADDRESS

(If home address is different from
contact address)

TELEPHONE

:HOME :

OFFICE:

MOBILE:

E-MAIL

DATE OF BIRTH

DATE / MONTH / YEAR

NIC NO:

CIVIL STATUS:

RELIGION

Gender : MALE / FEMALE/OTHER

EDUCATIONAL QUALIFICATIONS:

University Education (Submit Certified Copies):

Degree	Class	University(If applicable)	Effective Date

Professional Qualifications with full details: *

Qualification	Duration	University/Institute	Effective Date

*Submit certified copies if the applicant is not a graduate

Any other Qualifications:

WORK EXPERIENCE

Please list the employment background, starting from your most recent position.

Date		Name & Address of Employer	Position
From D/M/Y	To D/M/Y		

A brief description of current responsibilities:

Are you currently a currently registered student of any degree programme conducted by the University of Colombo or any other Higher Educational Institute? Explain:

Name of the Programme:

Faculty / Institute:

Current status of the programme:

I certify that the above particulars given by me are true and accurate to the best of my knowledge and I am prepared to abide by the rules and regulations of the University of Colombo, Sri Lanka.

Date:

.....
Signature of the Applicant

FOR OFFICE USE ONLY

Academic Qualifications	<input type="text"/>
Professional Qualifications	<input type="text"/>
Other experience	<input type="text"/>
Qualified for the Programme	<input type="text"/>
Recommendation of the selection Committee	<input type="text"/>

