for office use

DEPARTMENT OF DEMOGRAPHY UNIVERSITY OF COLOMBO, SRI LANKA

Application Status

Academic Year

APPLICATION FOR ADMISSION Study Programmes in Demography-2023

Application No.

PRC	GRAMME APPLYING FOR	Bank Accounts Number
	Masters in Demography (MADEM)	304072100009
	Postgraduate Diploma in Population Studies (PgDPS)	304072000000

Please credit your relevant application fee to the University of Colombo main collection Account of Timbirigasyaya People's Bank branch, under the relevant Bank Accounts Number.

APPLICANT'S INFORMATION						
Last Name		Mr / Ms /	Initials			
Names denoted by initials						
Date of Birth (DD/MM/YYYY)	NIC No. (for Sr	i Lankan applicants)				
Nationality	Passport No.					

CONTACT DETAILS						
Mobile Phone	Other Phone	Fax				
Email						
Mailing Address						
Permanent Address (if different from above)						

PR	PRESENT EMPLOYMENT							
Pos	Post				Year of commencement			
Inst	Institution							
Offi	Official Address							
Pho	Phone Fax			Email				
PR	EVIOUS EMPLOYMENT			list o	only the last 3	3 positio	ns, starting from	m the most recent
1 Post				Period (yea	rs)	То	From	
	Institution and Address							
2	Post				Period (yea	rs)	То	From
	Institution and Address							

HIGHER OR PROFESSIONAL EDUCATION		list only the highest 3 qualifications (degrees, professional qualifications diplomas etc), starting from the most recent		
1	Qualification obtained			Year
	Class/GPA/Status		Duration	Medium
	University / Institution			
	Major subject(s) offered			
2	Qualification obtained			Year
	Class/GPA/Status		Duration	Medium
	University / Institution			
	Major subject(s) offered			
3	Qualification obtained			Year
	Class/GPA/Status		Duration	Medium
	University / Institution			
	Major subject(s) offered			

VOCATIONAL QUALIFICATIONS		not mandatory for postgraduate ap		
1) NVQ Level 7	/Q Level 7 Sri Lanka Other (specify)		Other (specify)	Year
Institution				Medium
Results				
(Subjects and Grades)				
2) NVQ Level 7		🗌 Sri Lanka	Other (specify)	Year
Institution				Medium
Results				
(Subjects and Grades)				

OTHER STUDY PROGRAMMES	if you are currently registered for any other study programme, provide following information				
Study Programme			Registration No.		
Institution					
Starting Date Ending Date					
WHY DO YOU WANT TO FOLLOW THE ABOVE STUDY PROGRAMME (PLEASE SPCIFY)					

REFEREES		provide following details of 2 non-related referee		
1	Name			Prof / Dr / Ms /Mr / Other
	Designation Institution Phone Email			
	Address			
2	Name			Prof / Dr / Ms /Mr / Other
	Designation Institution Phone Email			
	Address			

DISCLAIMER AND SIGNATURE						
I certify that the information provided above is true and accurate to the best of my knowledge and I am prepared to abide by the rules and regulations governing the registration and award of degrees of the University of Colombo.						
Signature	Signature Date					
Notes						
 Applicants are advised to print 2 copies of the REFEREE REPORT form (page 4), fill in PART 1 and, hand over to the respective 						

referees. The referees are requested to complete PART 2 and, send directly to the Course Coordinator of the Department of Demography within 2 weeks after the closing date of the application. Foreign Application fee is payable at the program registration.

2.

REFEREE REPORT Study Programmes in Demography

PART 1		information filled in by the applicant					
Study Programme applying for							
Name of the	Name of the Applicant						
Name of the	Name of the Referee						
Application of	losing date						
Dear Sir / Ma	adam,						
The above applicant mentions your name as one of the referees in his/her application for the proposed Study Programme in Demography, University of Colombo, Sri Lanka. I shall be grateful to you if you could kindly send (within 2 weeks from the application closing date) your <i>confidential assessment</i> of the applicant's suitability and ability to follow this programme and <i>your recommendation</i> in the space given below. Head – Department of Demography							
Address: Email:							
PART 2		confidential assessment by the referee use additional sheets, if required					

Signature	Date
Name	Designation
Email	Phone