



Application Form
Master of Science Degree Programs in 2023
Faculty of Science, University of Colombo

Name of the Master of Science Program:

Name in Full: (Mr/Mrs/Miss)

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Permanent Address:

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Contact Address:.....

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Telephone: Land : Mobile:

email:

FAX:

Date of Birth: Age:

Educational Qualifications: Please bring originals to the interview)

Degree (Special – If special subject/ General 4 year/ General 3 year)	University/ Institute	Year (If 2023 give the effective date)	Class/ Grade GPA	Chemistry subjects offered in the last 2 years of the degree

Current Employment

Designation:

Nature of duties performed:.....

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Office Address:.....

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Phone:.....Fax:.....email:.....

Experience in the relevant field (Including previous positions held with period):

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Other Qualifications:

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Names and addresses of two referees:

I.

II.

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Have you been registered for a postgraduate degree/diploma or any other examination in the University of Colombo or any other university? If so give details (year, program, date of registration etc.):

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Explain in a few sentences why you wish to follow this course:

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I certify that the above information given by me 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 awarding of Higher Degrees of the University of Colombo, Sri Lanka

Signature:

Date: