

Faculty of Graduate Studies, University of Sri Jayewardenepura

Application form for MBA/M.Sc. in Management Program 2020 offered by the Faculty of Management Studies and Commerce

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Name in Full (Use block capitals)		First Name											
		Last Name											
Name with i	nitial												
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Address for Communication													
Permanent Address (if from previous													
Official Add If relevant)													
Profession			'		-				-		<u> </u>		
E-Mail Add	ress												
Гelephone	Home Office Mobile					Married Single		Sex		M		F	
Date of Birth	Date	Month	Year	r		NIC No							

PART B – EDUCATIONAL QUALIFICATIONS FOR POSTGRADUATE DEGREES BY COURSE WORK (M.A(T)/MBA/MPM/M.Sc/PGD)

1. ACADEMIC QUA	LIFICATIONS	OBTAINI	ED (attac	h copies of certifi	cates)	
University	Period	Major Fi	eld	Degree/Diploma	a Class-if any	Year
	<u> </u>	-				•
2. PROFFESSIONA	L QUALIFICA	TIONS (at	tach copie	es of certificates)		
Institution	Period	F	ield of Stud	dy/Training	Qualification	Year
3. WORK EXPERII	ENCE					
Organization	Period	Positio	n held	Nature	of Work	
4 ANY OTHER OF	IAI IEICATION	JC (if any)				
4 ANY OTHER QU	ALIFICATIO	vo (II any)				

5. RESEARCH WO	ORK (if	any)							
List research topics, and th			rch activ	ity under	aken.				
6. PUBLICATIONS	S (if any	y)							
7. ACADEMIC AN	D /OR 1	PROFFS	SION	AL HON	JOURS O	RAWA	RDS	(if any)	
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9. FINANCIAL ASS	515 TAI			1	C	F.11		C4 1 4 . 1	TT
		Private	Sponsored		Grant	Fellows	nıp	Studentship	University Teacher
How do you plan to finance	e vour								1 cacher
Postgraduate Studies?	J 5 3.2								
If sponsored – by whom?			•	•		•			
If Grant, give Grant name,	total								
amount & Grant number.									
If other - indicate									
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10. PREFERRED FI	TI D O	וי זהוכוים הו	A I I'//	TION	(· 1· 41	c	•	11 1 2 2	`
MSc. in Management	ELD O	F SPECI	ALIZA)
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MBA (Business Economic	istration		ALIZA	Mi Mi Mi	BA (Human BA (Informa BA (Marketi	Resource N tion Syster ng)	Manag ns)	gement))
	istration		ALIZA	Mi Mi Mi	BA (Human BA (Informa	Resource N tion Syster ng)	Manag ns)	gement))

11. BRIEFLY DESCRIBE YOUR REASONS FOR WISHING TO ENROLL IN THE PROGRAM. (include your personal/ career interests)							
12. GIVE NAMES AND CONTACT DETAILS OF	FREFEREES						
1.	2.						
13. ARE YOU REGISTERING FOR WI WEEKEND PROGRAM?	EEKDAY EVENING PROGRAM OR Weekend						
Weekday Evenir	ng Program						
I certify that the above information is true and correct. I understand that misrepresentation in the application will cause the rejection of application or revoking acceptance for admission at any stage.							
Date	Signature of Applicant						
Mail this application with relevant documents including Paying-in -voucher for Rs.1500 under registered cover to:							
DEPUTY REGISTRAR, FACULTY OF GRADUATE STUDIES UNIVERSITY OF SRI JAYEWARDENEPURA, GANGODAWILA, NUGEGODA, SRI LANKA.							
Telephone No: +94 112881551, Email: deputyregiartrar.fgs@gmail.com							
Please write on the top corner of the envelope "Management"							