



Faculty of Graduate Studies, University of Sri Jayewardenepura

**Application Form for
Master of Professional Accounting (MPAcc) Degree Programme 2018
Offered by the
Department of Accounting**

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| Course Name | Master of Professional Accounting (MPAcc) Degree Programme 2018 |
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PART A – PERSONAL INFORMATION

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|--|-------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Name in Full (Use block capitals) | First Name | | | | | | | | | | | | | | | | | | |
| | Last Name | | | | | | | | | | | | | | | | | | |

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| Name with initial | | | | | | | | | | | | | | | | | | | |
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| Address for Communication | | | | | | | | | | | | | | | | | | | |
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| Permanent Address (if different from previous) | | | | | | | | | | | | | | | | | | | |
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| Official Address (If relevant) | | | | | | | | | | | | | | | | | | | |
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| Profession | | | | | | | | | | | | | | | | | | | |
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| Email Address | | | | | | | | | | | | | | | | | | | |
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| Telephone | Home | | | | | | | | | | | | | | | | | | |
| | Office | | | | | | | | | | | | | | | | | | |
| | Mobile | | | | | | | | | | | | | | | | | | |
| | Married | | | Gender | M | F | | | | | | | | | | | | | |
| | Single | | | | | | | | | | | | | | | | | | |

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|--------------------------|-------------|--------------|-------------|------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Date of Birth | Date | Month | Year | NIC No. | | | | | | | | | | | | | | | |
| | | | | Age (YMD) | | | | | | | | | | | | | | | |

Circle the entry requirement category under which you are applying 1 2 3 4 5 6 7 8 9 10

PART B – EDUCATIONAL QUALIFICATIONS FOR POSTGRADUATE DEGREES BY COURSE WORK

1. ACADEMIC QUALIFICATIONS OBTAINED (attach copies of certificates)

| University | Period | Major Field | Degree/Diploma | Class (if any) | Year |
|------------|--------|-------------|----------------|----------------|------|
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2. PROFESSIONAL QUALIFICATIONS (attach copies of certificates)

| Institution | Period | Field of Study/Training | Qualification | Year |
|-------------|--------|-------------------------|---------------|------|
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3. WORK EXPERIENCE

| Organization | Period | Position Held | Nature of Work |
|--------------|--------|---------------|----------------|
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4 ANY OTHER QUALIFICATIONS (if any)

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5. RESEARCH WORK (if any)

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| List research topics, and the nature of the research activity undertaken. |
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6. PUBLICATIONS (if any)

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7. ACADEMIC AND/OR PROFESSIONAL HONOURS OR AWARDS (if any)

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8. SELF ASSESSMENT OF PROFICIENCY IN ENGLISH

| | Very good | Good | Fair | Weak |
|--------------|-----------|------|------|------|
| Reading | | | | |
| Writing | | | | |
| Conversation | | | | |

9. FINANCIAL ASSISTANCE

| | Private | Sponsored | Grant | Fellowship | Studentship | University Lecturer |
|---|---------|-----------|-------|------------|-------------|---------------------|
| How do you plan to finance your Postgraduate Studies? | | | | | | |
| If sponsored – by whom? | | | | | | |
| If Grant, give Grant name, Total amount & Grant number. | | | | | | |
| If other – indicate | | | | | | |

10. IF YOU ARE AN EMPLOYEE, DO YOU HAVE THE APPROVAL OF YOUR EMPLOYER (Give details of your leave arrangements)

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12. BRIEFLY DESCRIBE YOUR REASONS FOR WISHING TO ENROLL IN THE PROGRAM. (include your personal/ career interests)

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13. GIVE NAMES AND CONTACT DETAILS OF REFEREES

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| 1. | 2. |
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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.

Signature.....

Date.....

DEPUTY REGISTRAR, FACULTY OF GRADUATE STUDIES
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