# **Guidelines for the submission of Application**

- Make arrangements to submit duly filled recommendations from <u>two</u> independent referees as instructed in the form. (5<sup>th</sup> & 7<sup>th</sup> Pages of the application form)
- Check whether you have attached the following:
  - 1. Copies of certificates of academic qualifications.
  - 2. Copies of certificates of membership/associate membership/graduateship of professional institutions.
  - 3. Letter of consent from employer regarding leave / permission. (4<sup>th</sup> page of the application form)
  - 4. Letter of Sponsorship (if applicable.)

5. Copies of birth certificate & national identity card

Please hand over the duly filled application form to the Department of Civil Engineering, University of Moratuwa or send through **<u>Registered Post</u> to** :

The Secretary Construction project Management PG Course M.Sc. in Construction Project Management Department of Civil Engineering University of Moratuwa Katubedda Moratuwa 10400

- Closing date for applications is <u>16<sup>th</sup> November 2018</u>
- Please contact the Administration Officer (CPM) on Tel: 2650567 Ext: 2216 or Email: secretary.pmuom@gmail.com for further information.

### **Important Dates**

•	<b>Closing Date for Application</b>	: 16 <sup>th</sup> of November 2018
•	Date of Interviews	: End of November 2018 (will be notified)
•	Final selected list display	: (December 2018)
•	Registrations	: (Date will be notified)
•	Date of Commencement	: 01 <sup>st</sup> February 2019

UNIVERSITY OF MORATUWA FACULTY OF ENGINEERING DEPARTMENT OF CIVIL ENGINEERING													
	Application F	orm f	or Mast	er o	f Sc	cience	in (	Consti	ruction l	Project Ma	anageme	nt	
1. PERSONA	1. PERSONAL PARTICULARS												
<ul> <li>Mr.</li> <li>Mrs.</li> <li>Miss.</li> <li>Ms.</li> <li></li> </ul>	Name in Full : (Write in BLOCK letters and <u>underline</u> surname/family name)							□ Ma □ Sin	□ Single				
Nationality		Nati	onal Ide	ntit	y C	ard N	10.		D	Date of Birth		Age	
<ul><li>Sri Lankan</li><li>Other (Spece</li></ul>	<i>rify</i> )		Year				Year	Month	Day	-			
Home Address			Office Address						Contact Address Tel/ Fax:				
Tel:			Tel/ Fax:				Mobile:						
E-mail:	C QUALIFICAT	IONS	E-ma	11:						E-mail:			
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<b>From</b>	cation (Undergrad					). Piec / Univ				gree/ Mai		Class/	
Month / Yea		ear				, Cou				Subjects		Rank	Year

# C. TOEFL/GMAT

Is English your mother tongue? Yes / No If No:

- a) What is the highest examination you have passed in English?
- b) Your language of instruction at the University / Professional body :
- c) TOFEL / IELTS Score (*If available*) :
- d) GMAT / GRE Score (*If available*) :

# **D.** Membership of Professional Bodies :

From	ip of Professional B	Professional body			Post Hel	d / membershi	n Status
1 1 0111	10	1 Toressional body				u / member sm	p Status
<b>F</b> Listin share		. I Inimanita a shalanshi					
E. List in chro	onological order any	University scholarshi	ps, prizes o	or other awards	received.		
3. WORK EX	PEDIENCE						
	f experience after g	raduation				[	
		rofessional qualificatio		er C.Eng)			
	occupations ( <i>Please</i>	list jobs held last 5 yea	ars)				
From Month /	To Name & Address of firm / Title / Position Natu						re of Work
Year	Month / Year	Organizatio					
B. Present Oc	cupation				Г		
Date of Joining	Name of Fire	Title / Position			Duties		
Johning							

4. OTHER INFORMATION							
A. Other relevant information (Such as courses attended, rese	earch undertaken, publications etc.)						
<b>B.</b> Do you have any physical or other disabilities which migh	t necessitate special arrangements?						
C. Source of finance for the study? Privately / Sponsored							
If sponsored, please specify the sponsor:							
<b>D.</b> Please describe briefly your reasons for wishing to study t	his course and how you see it fitting into your future						
career.							
	es / No						
If 'Yes' give details:							
<b>F.</b> Name, designation & address of two referees:							
1.	2.						
5. DECELARATION							
I affirm that all statements made by me in this form are corr							
(or omission of any required information) will render this ap on the basis of such information, my candidature can be term	· • •						
the rules of the University of Moratuwa.	inated and I can also be subject to any penalty dictated by						
Date :	Signature :						
Diagon and your application to:							
Please send your application to:- The Secretary Construction project Manager	nent PG Course						
M.Sc. in Construction Project Management							
Department of Civil Engineering							
University of Moratuwa							
Katubedda Moratuwa 10400							
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<ul><li>4. Letter of Sponsorship (if applicable.)</li><li>5. Copies of birth certificate &amp; national identity card</li></ul>							
5. Copies of onth certificate & national identity cald							

#### LETTER OF CONSENT FROM THE EMPLOYER GRANTING PERMISSION FOR STUDY

The Course Coordinator **M.Sc. in Construction Project Management** Department of Civil Engineering University of Moratuwa Moratuwa 10400

#### RE: Mr. / Mrs. / Ms. / Miss: ..... Applicant for M.Sc. in Construction Project Management Programme in University of Moratuwa

I understand that Mr./Mrs./Ms./Miss:..... who is working at our organisation has applied for MSc/PG Diploma in CPM Programme in the University of Moratuwa, scheduled to be commenced in February 2019

If he/she is selected:

- i. I grant/do not grant permission for him/her to pursue studies during Fridays (from 1.30 pm -7.30 pm) and Saturdays (from 8.30 am 6.45 pm) during the study period.
- ii. I grant / do not grant official leave for him/her for attending classes.
- iii. Our organization will/will not sponsor him/her course fees.

I recommend /do not recommend Mr. /Mrs. /Mss. /Miss. ..... for the above course.

Yours sincerely

Signature	·
Name	
Designation	:
Organisation	:
Date	:

#### UNIVERSITY OF MORATUWA FACULTY OF ENGINEERING DEPARTMENT OF CIVIL ENGINEERING

# LETTER OF RECOMMENDATION FOR MASTER OF SCIENCE IN CONSTRUCTION PROJECT

### MANAGEMENT

### **CONFIDENTIAL**

Note to candidates: Please enter your name below and forward this form to your referee requesting that it be completed and returned to: The Secretary Construction project Management PG Course, M.Sc. in Construction Project Management, Department of Civil Engineering, University of Moratuwa, Katubedda, Moratuwa 10400

1. Full Name of Applicant (Underline surname):

2. How long have you known the applicant and in what capacity?

3. What do you consider are his/her major talents or strengths?

4. What do you consider his/her major liabilities or weaknesses?

5. What do you think are the applicant's reasons for deciding to take this course? Do you think that these reasons are sound?

6. Please indicate how	the applicant relates to	the group in which	you know him/he	r.					
Quality/Skills	Outstanding	Very good	Good	Average	Poor				
(a) Intellectual ability									
(b) Originality of work	<u> </u>								
(c) Managerial ability									
(d) Technology interes	st								
7. Does the applicant s	how any evidence of c	areer, personality or	emotional problem	ms? If so please expl	ain.				
8. If you are the emplo organization and how i			training will benet	fit his/her future care	er within your				
9. Any other comment	s :								
Name of the Referee	:								
Signature	:								
Position	:								
Date	:								

Official address :

#### UNIVERSITY OF MORATUWA FACULTY OF ENGINEERING DEPARTMENT OF CIVIL ENGINEERING

## LETTER OF RECOMMENDATION FOR MASTER OF SCIENCE IN CONSTRUCTION PROJECT

### MANAGEMENT

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Quality/Skills	Outstanding	Very good	Good	Average	Poor				
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(c) Managerial ability									
(d) Technology interest									
7. Does the applicant sho	w any evidence of c	areer, personality or	emotional problem	ns? If so please expl	ain.				
8. If you are the employer organization and how it c			training will benef	it his/her future care	er within your				
9. Any other comments :	9. Any other comments :								
Name of the Referee :									
Signature :									
Signature :									

Position	:
Date	:

Official address :