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PHOTO

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**Application form
PGD/M.Sc in Applied Finance Program
Faculty of Graduate Studies, University of Sri Jayewardenepura**

Course Name		Code No:	5710
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PART A – PERSONAL INFORMATION

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

Name with initial																				

Address for Communication																				

Permanent Address (if different from previous)																				

Official Address (If relevant)																				

Profession																				
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E-Mail Address																				
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Telephone	Home																			
	Office																			
	Mobile																			

Married																				
Single																				

Sex	M		F	

Date of Birth	Date	Month	Year

NIC No.																				
	Age (YMD)																			

FINANCIAL ASSISTANCE

	Private	Sponsored	Grant	Fellowship	Studentship	University Teacher
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						

OTHER INFORMATION

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

Application for:.....

1. ACADEMIC QUALIFICATIONS (attach copies of certificates)

University	Period	Major Field	Degree/Diploma	Class-if any	Year

2. PROFESSIONAL QUALIFICATIONS (attach copies of certificates)

Institution	Period	Field of Study/Training	Qualification	Year

3. WORK EXPERIENCE

Organization	Period	Position held	Nature of Work

4 ANY OTHER QUALIFICATIONS (if any)

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5. RESEARCH WORK (if any)

List research topics, and the nature of the research activity undertaken.

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

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

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11. GIVE NAMES AND CONTACT DETAILS OF REFEREES

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.

Date.....

.....
Signature of Applicant

Mail this application with relevant documents including Paying-in -voucher for Rs.1000 under registered cover to DEPUTY REGISTRAR, FACULTY OF GRADUATE STUDIES UNIVERSITY OF SRI JAYEWARDENEPURA, GANGODAWILA, NUGEGODA, SRI LANKA. Telephone No: +94 112802551, Email: deputyregiartrar.fgs@gmail.com

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RECOMMENDATION OF THE COURSE COORDINATOR

Recommend for the registration

Yes		No	
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Date:

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Course Coordinator

RECOMMENDATION OF SENATE

Date of Senate Approval	
Meeting No:	
Date	

DEAN – FACULTY OF GRADUATE STUDIES

Approval for Data Entry

Yes		No	
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Date:

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Dean/Faculty of Graduate Studies

DATA ENTRY

Data Entered by:

Name of the Data entered person	
Designation	
Date of Entry	