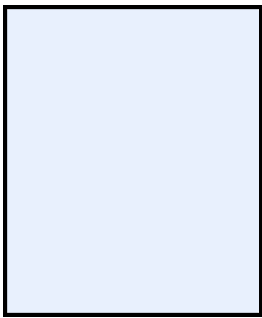


FOR OFFICE USE



Insert your photo here



Application Form
Faculty of Graduate Studies, University of Sri Jayewardenepura

Course Name : Master Of Science Degree In Polymer Science & Technology - 2016/2017	Code No :
--	-----------

PART A – PERSONAL INFORMATION

Name in Full	First Name :										
	Last Name :										
Name with Initials :											
Address for Communication :											
Permanent Address (if different from previous) :											
Official Address (if relevant) :											
Profession :											
E-mail Address :											
Telephone	Home :			Office :			Mobile :				
Marital Status : <i>Select Status</i>						Sex : <i>Select Sex</i>					
Date of Birth :	Date	Month	Year	NIC No. :							v
				Age (YY MM DD) :							

FINANCIAL ASSISTANCE

	Private	Sponsored	Grant	Fellowship	Studentship	University Teacher
How do you plan to finance your Postgraduate Studies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 : _____

01. ACADEMIC QUALIFICATIONS (attach copies of certificates)

University	Period	Major Field	Degree/ Diploma	Class - if any	Year
1.					
2.					
3.					
4.					

02. PROFESSIONAL QUALIFICATIONS (attach copies of certificates)

Institution	Period	Field of Study/ Training	Qualification	Year
1.				
2.				
3.				

03. WORK EXPERIENCE

Organization	Period	Position held	Nature of work
1.			
2.			
3.			
4.			

04. ANY OTHER QUALIFICATIONS (if any)

--

05. RESEARCH WORK (if any)

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

06. PUBLICATIONS (if any)

--

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

--

08. SELF ASSESSMENT OF PROFICIENCY IN ENGLISH

	Very good	Good	Fair	Weak
Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conversation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

--

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

--

11. GIVE NAMES AND CONTACT DETAILS OF REFEREES

1.	2.
----	----

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, E-mail: deputyregistrar.fgs@gmail.com

FOR OFFICIAL USE

RECOMMENDATION OF THE COURSE COORDINATOR

Recommend for the registration

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

Date:

.....

Course Coordinator

RECOMMENDATION OF SENATE

Date of Senate Approval :	
Meeting No. :	
Date :	

DEAN – FACULTY OF GRADUATE STUDIES

Approval for Data Entry

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

Date:

.....

Dean/ Faculty of Graduate Studies

DATA ENTRY

Data Entered by:

Name of the Data entered person :	
Designation :	
Date of Entry :	