**POSTGRADUATE UNIT (PGU)**

**FACULTY OF ISLAMIC STUDIES AND ARABIC LANGUAGE**

**SOUTH EASTERN UNIVERSITY OF SRI LANKA**

**Employer Consent Form**

Name of Applicant: ...................................................................................................................................

NIC No. of Candidate: ...................................................................................................................................

**NOTE: To be completed by the Head of the Institute/ Corporation/ Enterprise of the applicant if applicable.**

Assistant Registrar,

Faculty of Islamic Studies and Arabic Language,

South Eastern University of Sri Lanka

University Park

Oluvil # 32360

Forwarded. If selected, the applicant will be given permission to follow a postgraduate degree program at the Faculty of Islamic Studies and Arabic Language, South Eastern University of Sri Lanka.

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| Address: .......................................................  .......................................................  ....................................................... | .......................................................  Signature of Head of the Institute/ Corporation/ Private Enterprise |
| Designation: ...................................................... |  |
| Date: ....................................................... | .......................................................  (Please affix official rubber stamp) |