

POSTGRADUATE UNIT (PGU) FACULTY OF ARTS AND CULTURE SOUTH EASTERN UNIVERSITY OF SRI LANKA

APPLICATION NUMBER: (for official use only)

REGISTRATION NUMBER: *(for official use only)*

PGU/

APPLICATION FOR ADMISSION TO THE POSTGRADUATE DEGREE PROGRAMMES

PROGRAMME DATA

Degree Applied for	Subjects	Medium

PERSONAL DATA

(Please use capital letters in completing sections 1.a and 1. b)

01. NAME

(a) FULL NAME (Re	(a) FULL NAME (Rev. / Mr. / Mrs. / Ms.)															
Please leave one space after each name																
Name in full																
(use block letters)																
Name with Initials																
Permanent Address																
Official Address													 		 	
	[]
Address for																
Communication																

E-mail Addr	ess						
Talanhana	Home				Office		
Telephone	Fax				Mobile		
NIC No				Civil Statu	18	Sex	Male / Female
						_	
Date of Birth	Date	Month	Year				
Date of Birti	1						

Indiasta the Drogener way wish to fallow	Master of Philosophy (M.Phil)]	
Indicate the Program you wish to follow:	Doctor of Philosophy(Ph.D)		

02. ACADEMIC QUALIFICATIONS (ATTACH COPIES OF CERTIFICATES)

University	Period	Major field	Degree / Diploma	Class – if any	Year

03. PROFESSIONAL QUALIFICATIONS (ATTACH COPIES OF CERTIFICATES)

Institution	Period	Field of Study / Training	Qualification	Year

04. WORK EXPERIENCE (EMPLOYERS CONSENT FORM NEEDS TO BE FILLED AND SENT)

Organization Period Position held Nature of work	Organization		Position held	Nature of work	
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05. ANY OTHER QUALIFICATIONS (IF ANY)

06. RESEARCH WORK (IF ANY)

List research topics and the nature of the research activity undertaken

07. PUBLICATIONS (IF ANY)

08. ACADEMIC AND / OR PROFESSIONAL HONOURS OR AWARDS (IF ANY)

09. SELF ASSESSMENT OF PROFICIENCY IN ENGLISH

	Very Good	Good	Fair	Weak
Reading				

Writing		
Conversation		

10. FINANCE

	Privately	Sponsored	Other	Undecided
How do you plan to finance your				
Postgraduate studies?				
If sponsored – by whom?				
If other – indicate				

10. BRIEFLY DESCRIBE YOUR REASONS FOR WISHING TO ENROLL IN THE PROGRAMME.

I certify that the above information is true and correct. I understand that misrepresentation in the application will cause the rejection or revoking acceptance for admission at any stage.

Date:

Signature of Applicant

Note:

Dully filled application with relevant documents must be handed over / mailed under registered cover to the following Address:

Coordinator

Postgraduate Unit Faculty of Arts and Culture South Eastern University of Sri Lanka Oluvil

For Office use only

1.	Date of Interview:		
2.	Educational Qualifications (verified with originals)	
3.	Selected for Admission:		
4.	If not selected, reason:		
5.	Remarks:		

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Coordinator Postgraduate Unit Faculty of Arts and Culture Date