

**POSTGRADUATE UNIT (PGU)**

**FACULTY OF ISLAMIC STUDIES AND ARABIC LANGUAGE**

**SOUTH EASTERN UNIVERSITY OF SRI LANKA**

CLOSING DATE OF APPLICATION:

*(for office use only)*

APPLICATION NUMBER:

*(for office use only)*

REGISTRATION NUMBER: PGU/

*(for office use only)*

# **APPLICATION FOR ADMISSION TO THE POSTGRADUATE DEGREE PROGRAMMES**

PROGRAMME DATA

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| --- | --- | --- |
| **Degree Applied for** | **Subjects** | **Medium** |
|  |  |  |

**02. PERSONAL DATA**

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| (a) Full Name (Rev. / Mr. / Mrs. / Ms.) (Please leave one space after each name) | | | | | | | | | | | | | | | | | | | | |
| Name in full  (use block letters) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Name with Initials |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Permanent Address |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Official Address |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Address for Communication |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| E-mail Address |  |

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| Telephone | Home |  |  |  |  |  |  |  |  |  |  |  | Office |  |  |  |  |  |  |  |  |  |  |
| Fax |  |  |  |  |  |  |  |  |  |  |  | Mobile |  |  |  |  |  |  |  |  |  |  |

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| NIC No |  |  |  |  |  |  |  |  |  |  |  |  |  | Civil Status |  |  | Sex | Male / Female |

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| Date of Birth | Date | Month | Year |  | Age as at  the closing date. | Days | Months | Years |
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| Circle the entry requirement category under which you are applying: |  | 01 | 02 | 03 |

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| --- | --- | --- | --- |
| Indicate the Program you wish to follow: | Master of Philosophy (M. Phil.) |  |  |
| Doctor of Philosophy(Ph.D.) |  |  |

**02. ACADEMIC QUALIFICATIONS (ATTACH COPIES OF CERTIFICATES)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **University** | **Period** | **Major field** | **Degree / Diploma** | **Class – if any** | **Year** |
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**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)**

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

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**06. RESEARCH WORK (IF ANY)**

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| List research topics and the nature of the research activity undertaken |
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**07. PUBLICATIONS (IF ANY)**

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

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**09. SELF ASSESSMENT OF PROFICIENCY IN ARABIC**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Very Good** | **Good** | **Fair** | **Weak** |
| Reading |  |  |  |  |
| Writing |  |  |  |  |
| Conversation |  |  |  |  |

**10. SELF ASSESSMENT OF PROFICIENCY IN ENGLISH**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Very Good** | **Good** | **Fair** | **Weak** |
| Reading |  |  |  |  |
| Writing |  |  |  |  |
| Conversation |  |  |  |  |

**11. FINANCE**

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

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

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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 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 Islamic Studies and Arabic Language

South Eastern University of Sri Lanka

Oluvil # 32360

**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 Islamic Studies and Arabic Language | …………………………..  Date |