



**POSTGRADUATE UNIT (PGU)  
FACULTY OF MANAGEMENT AND COMMERCE  
SOUTH EASTERN UNIVERSITY OF SRI LANKA**

APPLICATION NUMBER:   
*(for official use only)*

REGISTRATION NUMBER:   
*(for official use only)*

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

PROGRAMME DATA

Degree Applied for	Subjects

PERSONAL DATA

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

01. NAME

(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 Address	
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Telephone	Home																		
	Fax																		
	Office																		
	Mobile																		

NIC No											Civil Status		Sex	<b>Male / Female</b>
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Date of Birth	<b>Date</b>	<b>Month</b>	<b>Year</b>

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

## 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

**05. ANY OTHER QUALIFICATIONS (IF ANY)**

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

List research topics and the nature of the research activity undertaken

**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 ENGLISH**

	<b>Very Good</b>	<b>Good</b>	<b>Fair</b>	<b>Weak</b>
Reading				
Writing				
Conversation				

**10. FINANCE**

	<b>Privately</b>	<b>Sponsored</b>	<b>Other</b>	<b>Undecided</b>
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 Management and Commerce  
South Eastern University of Sri Lanka Oluvil

**For Official 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 Management and Commerce  
South Eastern University of Sri Lanka

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Date