

APPLICATION NUMBER:

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

(for official use only)	)																			
REGISTRATION NUMBER: (for official use only)					PGU/															
APPLICATION FOR ADMISSION TO					ОΤ	THE POSTGRADUATE				ATE	E DEGREE PROGRAMMES				ES					
PROGRAMME DAT	A																			
Degree Applied for					Subjects					Medium										
PERSONAL DATA (Please use capital letter) 01. NAME	s in c	ompl	eting	secti	ons I	!.a ar	ıd 1.	b)												
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PGU/SEU/FAC/App/Form 001

Telephone	Home			Office		
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NIC No			Civi	1 Status	Sex Male	e / Female
		3.6 (3	<b>T</b> 7			
Date of Birt	h Date	Month	Year			
Indicate the	Program vo	ou wish to follo	Master of Ph	ilosophy (M.Phil)		
marcate the	1 Togrami ye	ou wish to folk	Doctor of Ph	ilosophy(Ph.D)		
			G / A 1979 A 1977 A 1977			
2. ACADE	MIC QUAI	LIFICATION	S (ATTACH COL	PIES OF CERTIFIC	(ATES)	
Unive	rsity	Period	Major field	Degree / Diploma	Class – if any	Year
3. PROFES	SIONAL (	QUALIFICAT	TONS (ATTACH	COPIES OF CERT	TIFICATES)	
Institution Period			Field of S	tudy / Training	Qualification	Year

E-mail Address

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

Organization	Period	Position held	Nature of work
05. ANY OTHER QUA	LIFICATIONS (IF ANY)		
06. RESEARCH WORK	K (IF ANY)		
List research topics and	the nature of the research a	activity undertaken	
07 DUDI ICATIONS (I	E ANIXZ)		
07. PUBLICATIONS (I	r ANI)		
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Signature of Applicant

#### 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				

ii other – marcate	
10. BRIEFLY DESCRIBE YOUR RE	EASONS FOR WISHING TO ENROLL IN THE PROGRAMME.
I certify that the above information is truwill cause the rejection or revoking acce	ue and correct. I understand that misrepresentation in the application eptance for admission at any stage.
Date:	

#### **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:		 
	Coordinator		
	Postgraduate Unit	Date	
	Faculty of Arts and Cult		
S	South Eastern University of S	Sri Lanka	