

E-mail Address	
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Telephone	Home																		
	Fax																		
	Office																		
	Mobile																		

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

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

	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:

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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
Olivil

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
South Eastern University of Sri Lanka

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Date