



Office use only	
Issued Date	
Received Date	
Registration No:	

UNIVERSITY OF RUHUNA
FACULTY OF GRADUATE STUDIES
Application for Admission to the Postgraduate Degree in Master
..... Year

Where space is insufficient please, include details on a separate sheet of paper and attach to this form.

Medium of the course	Sinhala	English

1. PERSONAL DATA

Name in Full: (Use block capitals)	Mr./Ms.
---------------------------------------	---------

Name with initials	Initials:		Last Name:	
--------------------	-----------	--	------------	--

Permanent Address:	
--------------------	--

Official Address:	
-------------------	--

Address for Communications:	
-----------------------------	--

E-mail Address :	
------------------	--

Telephone:	Home	
	Office	

Civil Status		Sex	
--------------	--	-----	--

NIC No.	
---------	--

Date of Birth	Day	Month	Year

2. QUALIFICATION SOUGHT: (Please indicate with “X” as appropriate).

Bachelors Degree from a recognized University	
---	--

3. ACADEMIC QUALIFICATIONS (attach copies of certificates. Do NOT send originals).

Institution	Period	Major Field	Degree/Diploma	Class if any	Year

4. PROFESSIONAL QUALIFICATIONS (Attach copies of certificates. Do NOT send originals).

Institution	Period	Field of Study	Qualification	Year

5. WORK EXPERIENCE (Attach support documents)

Organization	Period	Position held	Duties and Responsibilities

6. OTHER QUALIFICATIONS (if any)

--

7. RESEARCH WORK (if any)

List research topics and nature of the research activity undertaken

--

8. PUBLICATIONS (if any)

--

9. ACADEMIC AND/OR PROFESSIONAL HONOURS OR AWARDS (if any)

--

10. SELF ASSESMENT OF PROFICIENCY IN ENGLISH (indicate with “x”)

Proficiency	Very Good	Good	Fair	Weak
Reading				
Writing				
Conversation				

11. REASONS FOR STUDY

Briefly describe your reasons for wishing to enroll in the Master Degree Programme in

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

.....
Signature of Applicant

.....
Date

Post this application with (two copies) relevant documents and bank slip under registered post to :

**Deputy Registrar
Faculty of Graduate Studies
University of Ruhuna
No.115, Sri Dharmarama Mawatha
Fort-Matara**

Please write on the top left hand corner of the envelop : “.....”