

UNIVERSITY OF COLOMBO, SRI LANKA
FACULTY OF GRADUATE STUDIES
APPLICATION FOR ADMISSION

(For Office Use Only)

App No: C-.....

App Admission Fee-

Category - Local / Foreign

Master of Public Administration and Management MPA&M - 2026/27
(Online Mode) - Weekday Evenings

PERSONAL DATA:

NAME IN FULL :
(Underline the Last Name) :
:

NAME WITH INITIALS :
:

CONTACT ADDRESS :
:
:

HOME ADDRESS :
(If home address is different :
from contact address) :

TELEPHONE HOME:..... OFFICE: MOBILE:

EMAIL :

DATE OF BIRTH : NIC NO:
(DATE / MONTH / YEAR)

NATIONALITY : CIVIL STATUS:

RELIGION :

GENDER (Male/Female/Other) :

EDUCATIONAL QUALIFICATIONS:

University Education (Submit Certified Copies):

Degree	Class	University (If applicable)	Effective Date

Professional Qualifications (Submit Certified Copies):

Qualification	Duration	University / Institute	Effective Date

Any Other Qualifications:

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WORK EXPERIENCE:

Please list the employment background, starting from your most recent position.

Date		Name & Address of Employer	Position
From D/M/Y	To D/M/Y		

A brief description of current responsibilities:

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Are you a currently registered student of any degree programme conducted by the University of Colombo or any other Higher Educational Institute? Explain:

Name of the Programme:

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Faculty /Institute:.....

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Current status of the programme:.....

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I certify that the above particulars given by me are true and accurate to the best of my knowledge and I am prepared to abide by the rules and regulations of the University of Colombo, Sri Lanka. Further, I hereby accept and authorize the use of the email address and WhatsApp number provided in this application for all communications regarding my registered postgraduate programme. I consent to receive correspondence, updates, and official notices through these channels.

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Signature of the Applicant

Date

