

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 Business Studies (MBS) 2025/26
Online Mode - Weekend Programme

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:.....

E-MAIL :.....

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:

.....

.....

.....

.....

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:

.....

.....

.....

.....

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:.....

.....

Faculty / Institute:.....

.....

Current status of the programme:.....

.....

.....

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.

.....

Signature of the Applicant

.....

Date:

