

**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 Counselling and Psychosocial Support (MCP) 2026/27**

**One Year - Weekend Programme - SLQF Level 09**

**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 : ..... DATE / MONTH / YEAR ..... NIC NO: .....

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<br>D/M/Y | To<br>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:

