

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 Gender and Women's Studies (MGWS) 2025/26

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

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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.

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Signature of the Applicant

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Date:

