

**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) 2026/27**

**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 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:

