**UNIVERSITY OF COLOMBO, SRI LANKA**

**FACULTY OF GRADUATE STUDIES**

**APPLICATION FOR ADMISSION**

Application No: …………….

 **MPhil/PhD Programme - 2023**

**PROGRAMME APPLIED: MPhil PhD**

1.1 Name in Full (Rev./Mr/Ms):

 (Underline the Last Name)

1.2. National Identity Card No:

2.1. Home Address:

2.2. Telephone No: Office: Residence: Mobile:

* 1. Address for correspondence:

 (Same as above)

3.2. Telephone No:

3.3 E-mail Address:

4. Date of Birth: Year: Month: Date:

5. Qualifications\*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Degree or other Certificates** | **University/ Institution** | **Class or Honours** | **Year of Award** | **Duration of Programme** | **Medium** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

\*List the subjects passed in a separate sheet

6. Current Employment Record:

6.1. Present post and official address:

* 1. Brief description of duties:

6.3. Previous employment if any:

1. Highest Examination passed in English:

8. Area of Research and tentative topic

8.1 Area of Research:

8.2 Tentative Topic:

8.3 Please attach a research proposal with the length of around 1000 words.

09. Past Research Experience:

10. Describe briefly why you are interested in the proposed area of study:

11. Are you registered for any course of study at this University or at any other University? If so give details.

12.1 Publications/ Conference papers presented /Study Programmes attended with dates

12. A Publications:

12. B Conference papers presented:

12.2 Study programmes/ courses attended:

13. Purpose of the engagement in MPhil/PhD studies:

 (If space is not sufficient, please use a separate sheet)

14. Names and addresses of two non-related referees (At least one referee should be one of your teachers at tertiary level)

|  |  |
| --- | --- |
|  |  |

I certify that the information provided above is true and accurate to the best of my knowledge and I am prepared to abide by the rules and regulations governing the degree programmes of the University of Colombo.

Date:…………………………………. Signature:………………………………..

Notes:

1. Each applicant should hand over the following letter (Annexure 1) together with the **Referee Report** format (Annexure 2) to his/her referees after filling the format. Applicants should ensure that the referees send their reports directly to the Senior Assistant Registrar/ Faculty of Graduate Studies within two weeks after the closing of applications.

2. Application forms can also be downloaded from the FGS web site (WEB site: (fgs.cmb.ac/.lk) and payment of Rs. 10,000.00 (local applicants) / USD 50 (foreign applicants) can be made when submitting completed applications to the FGS. Completed application forms must be Submitted by hand / by registered post addressed to: **Senior Assistant Registrar, Faculty of Graduate Studies, University of Colombo, P.O. Box: 35/30 Prof. Stanly Wijesundara Mawatha, Colombo 07, Sri Lanka**

**Annexure - 1**

**FACULTY OF GRADUATE STUDIES (FGS)**

**University of Colombo**

**MPhil/PhD Programme - 2023**

Name of the Candidate:

Name of the Referee:

Dear Sir/ Madam,

The above candidate has quoted you as one of his/her referees in his/her application for enrolment in the MPhil/PhD programme of this faculty. I shall be grateful if you could kindly send me your assessment of the candidate’s suitability and potential (on the basis of your experience in prior training, language competence, interest and commitment) for MPhil/PhD studies in the following format. Please be good enough to send your report as a confidential document in a sealed envelope to reach me on the address given below or via my personal email address given below.

Thanking you.

Yours sincerely

Coordinator – MPhil/PhD Programme 2023

Faculty of Graduate Studies

University of Colombo,

P.O. Box: 35/30

Prof. Stanly Wijesundara Mawatha,

Colombo 07,

Sri Lanka

Email- kumudisa@mos.cmb.ac.lk

**Annexure - 2**

**REFEREE REPORT**

(Use additional sheets if required)

Name of the Candidate:…………………………………………………………………………………..

Name of the Referee:……………………………………………………………………………………..

Position:…………………………………………………………………………………………………..

Official affiliation & address:……………………………………………………………………………

……………………………………………………………………………………………………………………………………………………………………………………………………………………........

Contact Number:………………………………….

Email:……………………………………………..

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

…………………………………………………………………………………………………………………………………………………………………………………………………………………………

Signature:…………………………………….. Date:……………………….