UNIVERSITY OF COLOMBO, SRI LANKA FACULTY OF GRADUATE STUDIES APPLICATION FOR ADMISSION

PLICATION FOR ADMISSION	
	Application No:

	MPhil/PhD Programme - 2025		
PR	OGRAMME APPLIED: MPhil PhD		
1.1	Name in full (Rev./Mr./Ms.):		
1.2	Name with initials:		
1.3	National Identity Card No:		
1.4	Gender: Male Female Other		
1.5	Nationality:		
2.1.			
2.2.	Telephone No: Office: Residence: Mobile:		
3.1.	Address for correspondence:		
3.2	E-mail address:		
4.	Date of birth: Year: Month: Date:		
5.	Qualifications*		

Degree	University/ Institution	Class or Honours	Year of award	Duration of programme	Medium

^{*}List the certified transcript in a separate sheet

	ent details: nployment:			
Date		Name & address of employer	Position	
From D/M/Y	To D/M/Y			
2. Brief desc	ription of duties of	current employment:		
3. Previous e	employment records	s, if any:		
Da	te	Name & address of employer	Position	
From D/M/Y	To D/M/Y			
			•	
Highest ex	romination mass 4.	n English:		

8.	Area of research and tentative topic:
8.1	Area of research:
8.2	Tentative topic proposed for MPhil/PhD studies:
8.3	Research Proposal: (Please attach the research proposal [on a separate sheet] with the length of around 1000 words.)
09.	Past research experience:
9.1	Undergraduate level:
9.2	Masters level:
9.3	Any other (Please give details):
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 and/or Conference papers presented with details /Study Programmes attended with dates (If space is not sufficient, please use a separate sheet)			
12. A	Publications:			
12. B	Conference papers presented:			
12.2	Study programmes/ Courses attended:			
13.	Purpose of the engagement in MPhil/PhD studies:			
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 tru	ue and accurate to the best of my	knowledge and I am
prepared to abide by the rules and regulations go	overning the degree programmes	of the University of
Colombo.		

Signature:....

Notes:	
Tious.	

Date:.....

- 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 Deputy 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. 8,000.00 (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: **Deputy 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 - 2025

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.

Coordinator – MPhil/PhD Programme 2025 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

Name of the Candidate:

Yours sincerely

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: