



Application Form
Master of Science Degree Programs in 2017
Faculty of Science, University of Colombo

1. Name of the Master of Science Program:
2. Name in Full: (Mr/Mrs/Miss)

3. Address for communication:

4. Telephone: Land line: Mobile:
5. Email:
6. FAX:
7. Date of Birth: Age:
8. Educational Qualifications:

	Subjects	University
(a) Special Degree
	
	
	
(b) General Degree
	
	
	
(c) Class Obtained	
(d) Other Qualifications	
	
(e) English Proficiency:		
(f) Experience in the field applied:		
9. Present Position/Occupation:

10. Previous positions held with period:

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11. Names and addresses of two referees:

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12. Have you been registered for a postgraduate degree/diploma or any other examination in the University of Colombo or any other university? If so give details (year, program, date of registration etc.):

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13. Explain in a few sentences why you wish to follow this course:

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I certify that the above information given by me is true and accurate to the best of my knowledge and I am prepared to abide by the rules and regulations governing the registration and awarding of Higher Degrees of the University of Colombo, Sri Lanka

Signature:

Date: