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| MSc Surveying Sciences | Application Form - 2024 Entry |

Dear Applicant

Thank you very much for your interest in our academic programmes. Before completing and submitting this application we recommend that you familiarise yourself with admission guidelines and eligibility requirements of the postgraduate degree programme that you are applying for. You should apply as early as possible and applications received after the deadline will not be entertained. As the enrolment is limited, you may have to go through an aptitude test or an interview or both as a part of the selection process.

The boxes below will automatically stretch as you type. Tick (√) whichever applicable. If any field is not applicable, clearly indicate N/A. Please provide the information requested in the application. Incomplete applications will not be entertained.

**1. Applicant's Personal Information**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Name in Full: |  | | |
| 2. Name with Initials: |  | | |
| 3. NIC/Passport No: |  | | |
| 4. Nationality: |  | | |
| 5. Country of Residence: |  | | |
| 6. Sex: | Male | | Female |
| 7. Date of Birth: | (dd/mm/yyyy) | | |
| 8.Primary Phone No: |  | | |
| 9. Mobile Phone No: |  | | |
| 10. E-mail: |  | | |
| 11. Residential Address: | Address line 1: |  | |
|  | Address line 2: |  | |
|  | Address line 3: |  | |
|  | City/Town: |  | |
|  | State/Province: |  | |
|  | Postal Code: |  | |
|  | Country: |  | |
| 12. Official Address: | Address line 1: |  | |
|  | Address line 2: |  | |
|  | Address line 3: |  | |
|  | City/Town: |  | |
|  | State/Province: |  | |
|  | Postal Code: |  | |
|  | Country: |  | |
| 13. Official Phone No: |  | | |

**2. Educational Qualifications** (Degrees/Diplomas Obtained)

|  |  |  |  |
| --- | --- | --- | --- |
| Qualification | Institution and Address | Date of Completion | Grade/GPA/Class |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |

**3. Professional Qualifications**

|  |  |  |  |
| --- | --- | --- | --- |
| Qualification | Institution and Address | Date of Completion | Grade/GPA/Class |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |

**4. Employment Details** (Details of employers commencing from current occupation)

|  |  |  |
| --- | --- | --- |
| Name of Employer and Address | Designation | Service in Years |
| 1. |  |  |
| 2. |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**5. Proficiency in English** (Please tick √)

|  |  |  |  |
| --- | --- | --- | --- |
|  | Excellent | Good | Poor |
| 1. Reading |  |  |  |
| 2. Writing |  |  |  |
| 3. Speaking |  |  |  |

**6. Source of Financing Your Studies** (Please tick all the boxes that apply)

|  |  |
| --- | --- |
| 1. Self-funding |  |
| 2. Full scholarship |  |
| 3. Partial scholarship |  |
| 4. Sponsored by my employer |  |
| 5. Study loan |  |
|  |  |

**7. Publications** (Attach a separate sheet if more space is required.)

|  |
| --- |
| 1. |
| 2. |
| 3. |
| 4. |
| 5. |

**8. Reference** (Give names and contact details of TWO non-related referees)

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Name: |  | | |
| 2. Designation: |  | | |
| 3. Affiliation: |  | | |
| 4. Tel: |  | 5. E-mail: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Name: |  | | |
| 2. Designation: |  | | |
| 3. Affiliation: |  | | |
| 4. Tel: |  | 5. E-mail: |  |

**10. Application Check List**

|  |  |
| --- | --- |
| Item | Please tick (√) |
| 1. Duly filled application form (TP-01-III) with all relevant information (ready to upload) |  |
| 2. Passport size recent colour digital photograph (ready to upload) |  |
| 3. Certified copies of degrees/diplomas obtained (scanned and ready to upload) |  |
| 4. Certified copy of the Birth Certificate – English Translation (scanned and ready to upload) |  |
| 5.The bank payment slip of the payment for application processing fee of LKR2,500.00 (scanned and ready to upload). |  |

I certify that the information furnished in this application is true and correct to the best of my knowledge. I understand that misrepresentation in the application will cause the rejection of application or revoking acceptance for admission or the placement in the programme is liable to be cancelled without any compensation at any stage.

|  |  |
| --- | --- |
| Applicant's Signature: | (insert your scanned signature here) |
| Date: | (dd/mm/yyyy) |

|  |  |  |
| --- | --- | --- |
| Notes: | 1.  2. | After compiling, please save your application in MS Word (.doc or .docx) formats ONLY.  Admissions can only be processed online. However, candidates are required to bring original documents at the time of interview and registration. |
|  | 3. | Please instruct relevant institution(s) to send your academic transcripts to the following address either by post or courier.  **By post:**  Assistant Registrar  Faculty of Graduate Studies  Sabaragamuwa University of Sri Lanka  P.O. Box. 02 Belihuloya - 70140  SRI LANKA |
|  | 4. | Please credit your payment of the Application Processing Fee to:  Bank & Branch: Bank of Ceylon (Sabaragamuwa University Branch)  Account Name: Sabaragamuwa University of Sri Lanka, Faculty of Graduate Studies  Account Number: 79701001 |

**11. For Office Use Only**

|  |  |
| --- | --- |
| Date Received: | (dd/mm/yyyy) |
| Remarks: | (complete)       (incomplete) |
| Other Remarks (if any) |  |
| Date of Interview/Aptitude Test: | (dd/mm/yyyy) |
| Outcome of the Interview/Aptitude Test |  |
| Offer Letter Issued On: | (dd/mm/yyyy) |
| Checked By: |  |
| Coordinator's Endorsement: |  |