

# University of Colombo -Faculty of Education, Sri Lanka

## Application for Master of Education Programme 2022/2023

Application No:

Medium of the Programme:

Sinhala

Tamil

English

Mode of Study:

Full-time

Part-time

1. Full Name of the Applicant: .....

.....

.....

2. Title: Rev.  Ven.  Mr.  Ms.

3. Name with Initials: .....

4. Date of Birth: Year  Month  Date

5. Age as at 30.06.2023: .....

6. Country/Region: Local  Foreign

7. NIC/Passport Number

8. Nationality: .....

9. Citizenship: .....

10. Permanent Address .....  
.....  
.....

11. Address for Correspondence: .....  
.....  
.....

12. Designation (if employed): .....

13. Official Address: .....  
.....  
.....

14. Service in Education Sector:

- |                        |                          |                  |                          |
|------------------------|--------------------------|------------------|--------------------------|
| i. More than 10 years  | <input type="checkbox"/> | ii. 5 – 10 years | <input type="checkbox"/> |
| iii. less than 5 years | <input type="checkbox"/> | iv. Not employed | <input type="checkbox"/> |

15. Contact Details:

Office Telephone Number:	<input type="text"/>
Residence Land Number:	<input type="text"/>
Mobile Number	<input type="text"/>
WhatsApp Number	<input type="text"/>
Email Address	<input type="text"/>

**16. Academic Qualifications:**

Degree/ Postgraduate Degree/ Diploma	University/ Institution	Duration of the programme	Date of award	Class/ honours	Medium

**17. Declaration of the Applicant**

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:.....

**18. Declaration of the Head of the Department/Institution**

(Applicants who are employed should submit their applications through respective Head of the Department/Institution)

This applicant can/cannot be released full time/part time if he/she is selected to follow the programme applied for.

Date: .....

Signature of the Employer .....

official stamp

**Note:** Duly completed application form along with the copies of following documents and the payment slip should be posted to Senior Assistant Registrar, Faculty of Education, University of Colombo, Sri Lanka and scanned copies should be email to [med2023@edu.cmb.ac.lk](mailto:med2023@edu.cmb.ac.lk)

**Please write the name of the programme at the top left of the envelope.**

**Documents to be attached with the application.**

- i. Certified copy of the birth certificate
- ii. Certified copies of the degree/diploma certificates
- iii. Two self-addressed, stamped envelopes
- iii. Copy of the bank payment slip/bank draft of the payment for the application fee of Rs. 1000/- for the local applicants and \$ 25 for the international applicants

Please credit payment of the application fee to .....

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**For office Use Only**

Application is in order and all relevant documents have been attached.

Yes  No

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Date: Signature of the Programme Management Assistant

The Applicant has fulfilled the essential requirements to be enrolled in the programme.

Yes  No

.....

.....

Date Signature of the Programme Coordinator