Centre For Open and Distance Learning Uva Wellassa University of Sri Lanka



Application Form Certificate Course in English for School Leavers - 2024

Course	e Applied For						
lease	fill this form in	n BLOCK C A	APITALS				
1.	Name With Initials (Rev./ Mr./ Mrs./ Ms./)						
2.	Full Name						
3.	Postal Addres	8					
			1				
4.	Contact Telep	hone Nos.	Mobile	Residence			
5.	E mail Addres	s					
6.	Date of Birth	D M	Y	7. Age as at applying date	D M	1 Y	,
8.	Gender	Male	Female	9. Nationality			
10.	NIC Number						
11. (a.)				a certified copy of Certificate)			

Year				
Subject	Grade	Subject	Grade	

(b.) G.C.E. Advanced Level – (Please attach a certified copy of A/L Certificate) *if applicable*

Subject	Grade

12. Any Other Qualifications/working experience

13. Present Employment Details, if applicable (Institution, Designation, Employer etc.)

4.	Have you Previously applied to this programme	Yes	No			
15.	Are you a student of or have been selected as a student of	the Uva Wellassa University				
	of Sri Lanka?	Yes	No			
	If yes, Give Details:					
	(Please submit all registration details with the copies of relevant let	ters)				
C	And you a student on have nomistaned for any other univer	aity of high	an advection			
6.	Are you a student or have registered for any other univer institution?	sity of high	er education			
6.	Are you a student or have registered for any other univer institution?	rsity of high	er education No			
6.						
6.	institution? If yes, Give Details:	Yes				
6.	institution?	Yes				
6.	institution? If yes, Give Details:	Yes				
	institution? If yes, Give Details: (Please submit all registration details with the copies of relevant let	Yes ters)	No			
	institution? If yes, Give Details: (Please submit all registration details with the copies of relevant let Are you a currently registered or previously registered stude	Yes <i>ters</i>) ent for anothe	No er course at the			
	institution? If yes, Give Details: (Please submit all registration details with the copies of relevant let	Yes <i>ters</i>) ent for anothe	No er course at the <i>ity of Sri Lanka</i>			
	institution? If yes, Give Details: (Please submit all registration details with the copies of relevant let Are you a currently registered or previously registered stude	Yes <i>ters</i>) ent for anothe	No er course at the			

18. Any other Relevant information that you wish to inform

19. Declaration by the Applicant

I do hereby certify that the above Particulars furnished by me are true and accurate to the best of my Knowledge. In the event of my application for registration being accepted, I shall abide by the rules and regulation governing external candidates of Uva Wellassa University of Sri Lanka.

Date				Signature
For Office Use Only				
Selection Committee Recommendation				
Recommendation of the Programme coordinator		commended gnature	Not Ro	ecommended
Payments Details				
Description		Date received		Reference
Application Fee				
Course Fee				
Other				
File Reference				