



Application Form
Master of Science Degree Programs in 2018
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: Please specify the chemistry subjects offered in last two years of undergraduate course/s.**

	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:

.....
.....
.....

11. Names and addresses of two referees:

<p>I.</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p>II.</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
--	---

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.):

.....
.....

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

.....
.....
.....
.....

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: