

**DEPARTMENT OF INTERNATIONAL RELATIONS**

**FACULTY OF ARTS**

**UNIVERSITY OF COLOMBO, SRI LANKA**

**APPLICATION FOR REGISTRATION FOR MASTER OF ARTS IN INTE RNATIONAL RELATIONS – 2021/2022**

1. **Name in Full (Underline Surname) :**

**Rev. / Mr. / Mrs. / Miss :**

1. **Postal Address :**
2. **Date of Birth :**
3. **N.I.C No :**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Degree obtained & Postgraduate Qualification** | **Name of the University** | **Class ( if 2nd Class, state whether Upper of Lower)** | **Year** | **Duration of the Course** | **Subject Offered** |
|  |  |  |  |  |  |

1. **Previous Publication or Research Experience, if any :**
2. **Present Post and Official Address :**
3. **Telephone Number / Mobile Number :**
4. **Email Address :**
5. **Are you registered for a Postgraduate degree or any other examination at this University or at any other University? If so, give details :**

**I certify that 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 regulation governing the registration and the award of Higher Degree of the University of Colombo.**

 **Date:**

 **Signature**

**(To be used by the University Authorities only)**

* **Observation of the Head of the Department**

 **Date:**

 **Signature of the Head of the Department**