UNIVERSITY OF COLOMBO, SRI LANKA FACULTY OF ARTS APPLICATION FORM

(For Office Use Only)
Application No:
Application Fee:
Local / Foreign:

Master of Arts in International Relations (MAIR) 2023/2024

Personal Information					
1. Name in Full: (Underline the Last Name	<u>e</u>)				
Rev. / Mr. / Mrs. / Miss	s:				
2. Name with Initials:					
3. Contact Address:					
4. Home Address: (If home address is different fromcontact address)					
5. Telephone:	Home :	Office:		Mobile:	
6. E-mail:					
7. Date of Birth:	Date / Month / Year		8. N. I. C:		
9. <u>Academic Qualification</u> (Submit Certified Copi					

Degree/s obtained and Postgraduate Qualifications	Name of the University/Institution	Class (if 02 nd Class, state whether Upper or Lower)	Effective year and the duration of the degree	Subjects Offered

(Submit certified copies)

Qualification		Duration	Duration University/Institute	
. Work Expe	rience:			
<u>vvoik Expe</u>	nence.			
Please list t	he employment	background, starting from	m your most recent position	n)
	Date			
From D/M/Y	To D/M/Y	Name & Addre	Position	
<i>D</i> /141/1	D) W) I			
ublications/	Research Experi	ence, if any:		
ny other Qu	alifications:			
arry other Qu	anneations.			
		d aturdant of any doors		Hairansita of Calamba
		d student of any degree al Institute? Provide deta	program conducted by the ils.	University of Colombo
	_			
lame of the I aculty / Insti				
	s of the program	:		

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 governing the registration and the award of Higher Degree of the University of Colombo

Date:

Signature of the Applicant