

# DEPARTMENT OF GEOGRAPHY UNIVERSITY OF COLOMBO APPLICATION FOR REGISTRATION

Application Fee Paid

Reference No:

for office use ONLY

# Doctor of Philosophy (PhD) in Geography 2025-2027

1. (a) Rev/Mr./Mrs./Miss/: ………………………….

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

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1. **Name with Initials:**

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2. Postal Address:

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Telephone No: (Residential)…………………………….(Mobile)……………………………………

Email: ………………………………………………………………………

3. (a) Date of Birth: ………/…………/…………… (b) Nationality: ………………………….

4. N.I.C / Passport No: …………………………………………………………

1. **Higher educational qualifications**

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| --- | --- | --- | --- | --- | --- |
| **Degree obtained & Postgraduate Qualification** | **Name of the University** | **Class ( 2nd Class state weather upper of lower) or GPA** | **Year** | **Duration of the Course** | **Subject Specialized** |
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5.2 If you have completed a thesis at masters’ level, indicate the followings

|  |  |
| --- | --- |
| **a) Degree programme** |  |
| **b) Title of Thesis** |  |
| **c) Date of Completion** |  |
| **d) University/ Institute** |  |

1. **Research Experience, if any: (Please indicate top 5 publications)**

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1. **Present Post and Official Address:**

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| --- | --- |
| **a) Occupation/Post** |  |
| **b) Institute / Department** |  |
| **c) Office telephone number** |  |
| **d) Official Address** |  |

1. **Name of Course for which registration is sought:**

|  |  |
| --- | --- |
| **M.Phil.** |  |
| **PhD** |  |

**Subject:** Geography

1. **Proposed field and the title of the research:**

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1. **Tentative proposed research proposal (attached a 500 - 750 word summery/synopsis of research project to this application)**
2. **Medium of Study:** English / Sinhala / Tamil
3. **Are you registered for a Postgraduate degree or any other examination at the University of Colombo or at any other University? If so, give details:**

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1. **Have you been registered for this course before?**

**Yes**

**No**

If so when in Year …………………………………………………

1. **Documents submitted enclosed with this application**

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| --- | --- | --- |
| **1** | **Certified Copy of Birth Certificate** |  |
| **2** | **Certified Copies of the Degree/Diploma Certificate/s** |  |
| **3** | **Certified Copies of the Detailed Degree/Diploma Certificate/s** |  |
| **4** | **Service Letter** |  |
| **5** | **Synopsis of Research Project** |  |
| **6** | **Two Referee Reports** |  |
| **7** | **2 Self-addressed stamped envelopes** |  |

DECLARATION BY THE APPLICANT

I certify that above information given by me are true and accurate to the best of 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. I Note that my application will be reject if I have declared anything untrue or have filled up the form incorrectly.

Signature: …………………………

Date: ………………

(To be used by the University Authorities only)

1. **FOR OFFICE USE ONLY**
	1. **Programme applied for:**

|  |  |
| --- | --- |
| **M.Phil.** |  |
| **PhD** |  |

* 1. **Documents Submitted:**

|  |  |  |
| --- | --- | --- |
| **1** | **Certified Copy of Birth Certificate** |  |
| **2** | **Certified Copy of Bachelors’ Degree** |  |
| **3** | **Certified Copy of Bachelors’ Degree Detailed Certificate** |  |
| **4** | **Certified Copy of Postgraduate Diploma** |  |
| **5** | **Certified Copy of Masters’ Degree Certificate/s** |  |
| **6** | **Service Letter** |  |
| **7** | **Synopsis of Research Project** |  |
| **8** | **Two Referee Reports** |  |

* 1. **Observation of Head of the Department**

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Date Signature of Head of the Department

* 1. **Recommendation of Higher Degrees Committee**

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| **Recommended** |  |
| **Not Recommended** |  |

For admission to the programme applied under Section of admission criteria.

If not Recommended, indicate reasons:

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Date Signature of Programme Coordinator