#  UNIVERSITY OF COLOMBO, SRI LANKA FACULTY OF ARTS

(For Office Use Only)

Application No:……………

Application Fee:……………

Local / Foreign:…………….

#  APPLICATION FORM

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

Personal Information

1. Name in Full:

 (Underline the Last Name)

 Rev. / Mr. / Mrs. / Miss:

2. Name with Initials:

3. Contact Address:

4. Home Address:

(If home address is different from contact address)

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| --- | --- | --- | --- |
| 5. Telephone: Home :6. E-mail:7. Date of Birth: | Office: | 8. N. I. C: | Mobile: |
| Date / Month / Year |  |  |  |
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# 9. Academic Qualifications:

 (Submit Certified Copies)

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

 (Submit certified copies)

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| --- | --- | --- | --- |
| **Qualification** | **Duration** | **University/Institute** | **Effective Date** |
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# 11. Work Experience:

 (Please list the employment background, starting from your most recent position)

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| --- | --- | --- |
| **Date** | **Name & Address of the Employer** | **Position** |
| **From D/M/Y** | **To D/M/Y** |
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12. Publications/ Research Experience, if any:

13. Any other Qualifications:

14. Are you currently a registered student of any degree program conducted by the University of Colombo or any other Higher Educational Institute? Provide details.

Name of the Program:

Faculty / Institute:

Current status 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