



FACULTY OF GRADUATE STUDIES
 UNIVERSITY OF RUHUNA
 Sri Lanka

Affix photograph
 3.5cm × 4.5 cm

APPLICATION FORM
Master of Economics (SLQF Level 9)

The application form should accompany a bank slip of processing fee of Rs. 2000/-
 (deposited to the collection account of the University of Ruhuna through any branch of
 People’s Bank by giving the Ref. No. 322052500000015)

For Office Use Only

1. PERSONAL DATA	
FULL NAME: (Mr./Miss/Mrs./) (Please write the surname in capitals)	
NAME WITH INITIALS : (Mr./Miss/Mrs./).....	
OFFICE ADDRESS:.....	Phone: Fax: E-mail:
HOME ADDRESS:	Phone:
MAILING ADDRESS:.....	
DATE AND PLACE OF BIRTH: CIVIL STATUS:..... GENDER (M/F):	NATIONAL ID NO.:

2. EDUCATIONAL QUALIFICATIONS (including postgraduate qualification/experience): **Please attach photocopies of certificate/s.**

A. Undergraduate and Postgraduate qualification (Please enclose document evidence)

From Month/Year	To Month/Year	University/Institute	Degree/Diploma etc.	Total Duration Months/Years	Class/grade

B. List University scholarships, prizes or other awards received in the chronological order. (Please enclose documentary evidence.)

C. RESEARCH PUBLICATIONS (If any):
(If necessary attach a separate sheet)

3. PROFESSIONAL QUALIFICATIONS AND WORK EXPERIENCE:

Professional Qualifications	Membership Category	Year of Membership obtained

Total years of experience after graduation to date of the application:

A. Present Occupation

Date of joining	Name of the Organization	Title / Position hold	Sector (Public/Private /Statutory/Self-employed)

B. Previous employment

From Month/Year	From Month/Year	Name and address of the organization	Title/ Post held	Reason for leaving

4. OTHERS:

A. NAMES AND ADDRESSES OF TWO REFEREES :

1.	2.
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B. MODE OF PAYMENT OF PROGRAMME FEE:
From personal funds / By employer / Other (Specify)

- C. If you are registered or intend to register for any other postgraduate qualification during the intended period of study of this program, give following detail.**
1. Course
 2. Administration number if any of already registered students
 3. Department / University/ Institute
 4. Date of completion of such course

5. DECLARATION:

I declare that all the particulars given above are correct to the best of my knowledge. I understand that any inaccurate or false information (or omission of material and information) will render this application invalid and that, if admitted and awarded a place on the basis of such information, my candidature can be terminated and be subjected to penalties as decided by the rules and regulations of the University of Ruhuna.

Date: Signature of Applicant:

AVAILABILITY OF STUDY LEAVE (applicable to those who are employed):
State whether you are entitled to study leave for the period specified.

RECOMMENDATION OF THE HEAD OF THE INSTITUTION:

Mr./Ms. is presently attached to our institute. He/she has been working (Designation) for the last years.

If Mr. /Miss. /Mrs. is selected for the above program he/she would be/ not be released on full/part-time basis.

.....
Signature of Head of the Institution

Name : Designation.....

Date : Official Stamp:

Please send your application to:-

***Deputy Registrar, Faculty of Graduate Studies
University of Ruhuna
No 115, Sri Dharmarama Mawata
Fort - Matara***

Check whether you have attached the following:

1. Affix a recently taken passport size (3.5 cm×4.5cm) photographs at the top right hand corner of the application.
2. Copies of certificates of academic qualifications (e.g. Degree certificate with transcripts, etc)
3. Copies of certificates of membership / associate membership / Graduate ship of professional institutions (if applicable).
4. Copies of certificates of employment records (if applicable).
5. Letter of consent from employer regarding leave (if applicable).
6. Letter of Sponsorship (if applicable).