*For Office use only.*

Application No: ……………



**UVA WELLASSA UNIVERSITY**

**APPLICATION FOR ADMISSION TO**

**HIGHER DEGREE BY RESEARCH**

**MPhil PROGRAMME**

PASTE YOUR PHOTO

 (Passport size)

* *Duly completed application should be submitted in two copies to the Secretary, Faculty Higher Degree Committee of the relevant Faculty, UvaWellassa University.*
* *All entries should be typewritten.*
* An employee of a University, State/ Private sector Department/ Institute should submit his/her application through the respective Head of University/ Department/ Institute.
* If your application is accepted, you have to pay the necessary payments within one week of acceptance to the following account:

Account Name: Uva Wellassa University

Bank: Bank of Ceylon, Badulla

Account No: 008-697-753-1

**1. PERSONAL DATA**

|  |
| --- |
| **SURNAME:** Mr./Miss/Mrs.(*In capital letters*) |
| **OTHER NAMES:** *(In capital letters)* |
| **PERSONAL ADDRESS:****OFFICE ADDRESS:** *(If relevant)* | Personal Phone: Fax:E-mail: Office Phone:Fax: E-mail: |
| DATE OF BIRTH:**(yyyy/mm/dd)** | **CITIZENSHIP:** | **NATIONAL IDENTITY CARD NO:** | **SEX:** |
| **PRESENT EMPLOYMENT:***(if any)* |

**2. ACADEMIC DATA**

1. **Academic Qualifications**

|  |  |  |  |
| --- | --- | --- | --- |
| *University/Institute* | *Degree/Diploma with Subjects* | *Year* | *Grade/Class etc.* |
|  |  |  |  |

**2.2 Research: Publications/Experience**

(*Use additional sheets if necessary*)

|  |
| --- |
|  |

1. **OTHER QUALIFICATIONS**

*(Fellowships, Scholarships, Awards, Membership in Professional Bodies etc.)*

|  |
| --- |
|  |

1. **PROGRAMME DETAILS**

|  |  |
| --- | --- |
| Degree Applied for: | Faculty: |
| Field of Study: |
| Proposed Field of Research (where applicable): |
| Tentative Title of the Thesis: |
| State financial or other support available:1. For Equipment/Chemicals/Consumables:

ii For Research Assistant’s Salary:  |
| Place(s) of Study : |
| Brief statement of research methodology including review of relevant literature: (*2 copies of the synopsis should be attached*) |
| **Note: If the research project involves human or animal subjects or any other ethical issues, please request clearance from the UWU Ethical Committee.**  |

1. **DECLARATION OF THE SUPERVISOR/S**

This is to certify that I/we agree to supervise the applicant for the programme of study mentioned in the application.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Supervisor’s Name** | **Designation** | **Address** | **Email and Contact Number** | **Signature** |
| **1** |  |  |  |  |
| **2** |  |  |  |  |
| **3** |  |  |  |  |
| **4** |  |  |  |  |

1. **MODE OF REGISTRATION** *(Put a cross in the relevant cage)*

|  |  |
| --- | --- |
| **Full-time** | **Part-time** |
|  |  |

1. **ANY OTHER RELEVANT INFORMATION**

|  |
| --- |
| Have you applied for admission to this programme previously? Yes/NoIf yes, give details: |
| Are you currently registered for another Degree/ Diploma at any other University/ Institute? Yes/NoIf yes, give details: |

1. **DOCUMENTS TO BE ENCLOSED**

|  |
| --- |
| 1. Two Letters of Recommendation

 *(should be sent directly to the Secretary Faculty Higher Degree Committee of the relevant Faculty, UvaWellassa University under confidential cover and at least one should be from an Academic Referee)*1. Degree/Diploma Certificate/s

 *(certified photocopy / copies should be submitted*)1. Birth Certificate *(certified photocopy/copies should be submitted)*
2. Three (3) Self-addressed Envelopes. (22 cm × 10cm)
3. A passport size colour photo must be enclosed with this application for Student Identity Card

 **Note:** Originals of letters/certificates should be produced at the time of registration. In case if you lose your original identity card, you have to produce a police report and pay a fine of Rs.500.00 for the duplication of the identity card |

1. N**AMES AND ADDRESSES OF TWO REFEREES**

|  |  |
| --- | --- |
|  1. | 2. |

1. **DECLARATION OF THE EMPLOYER**

*(To be completed by the Head of the university/department/private or public sector institute if the applicant is an employee of such an organization).*

This applicant can/cannot be released full time/part time if he/she is selected to follow the above MPhil/PhD programme.

Date: …………………………….. ……….……………………………………..

 Signature of the Employer

 (Official Frank)

1. **OBSERVATIONS OF THE HEAD OF THE UNIVERSITY/ DEPARTMENT/PRIVATE OR PUBLIC SECTOR INSTITUTE WHERE RESEARCH WILL BE CONDUCTED**

I certify that the facilities available in my department/institution can be utilized for the project.

Remarks if any:

Date:……………………………….. .……………………………………………………..

 Signature of the Head of the Department/Institute

1. **DECLARATION OF THE APPLICANT**

I have instructed the Registrar of the …………………………………………………………………

(University/Institute) to send my academic transcript directly to the Secretary- Boards of Study, Faculty of …………………………………………………………Uva Wellassa University.

I certify that all the information provided above is correct and I agree to abide by and be subjected to the regulations of the Uva Wellassa University if this application is accepted.

Date:…………………………………… ………………………………………….

 Signature of the Applicant

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**RECOMMENDATION OF THE BOARD OF STUDY**

1. Field of study/subject and the Supervisors proposed for the MPhil Programme as given in

 Sections 4 and 5 are approved.

1. In order to fulfil the course work requirement, we recommend that the candidate shall complete the courses listed below:

|  |  |
| --- | --- |
| **Title of Course** | **Number of Credits**  |
|  |  |
|  |  |
|  |  |
|  |  |

1. Place of Work:
2. Requirement of a Qualifying Examination/Advanced Undergraduate Courses:
3. Other Observations (if any):

The Board of Study recommends/does not recommend the issue of the letter of registration after the payment of prescribed fees by the candidate.

Date: …………………………………………. ………………………………………..

Signature of the Secretary

Board of Study

Date: …………………………………………. ………………………………………..

Signature of the Chairman

Board of Study in ………………………

Date: ………………………………………. ………………………………………......

 Director/Post Graduate Unit

**APPROVAL OF THE SENATE - UVA WELLASSA UNIVERSITY**

Registration is approved/not approved.

Observations *(if any)*:

 Meeting No.: Minute No.:

Date:………………………………………. …………………………………………………..

 Signature of the Registrar