

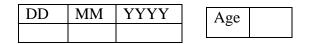
Uva Wellassa University

## Centre for Open and Distance Learning (CODL)

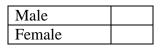
# **Application Form - Certificate Course in English for School Leavers**

### Please fill this form in **BLOCK CAPITALS**.

- 1. Name with Initials: (Rev, Mr, Mrs, Ms, Other)
- 2. Name in Full: (Rev, Mr, Mrs, Ms, Other)
- 3. Date of Birth:



4. Gender:



- 5. NIC Number:
- 6. Permanent Address:



7. Contact Details: Telephone Number:

Mobile Number:

E-mail Address:

- 8. Educational Qualifications:
- G.C.E. Ordinary Level (Please attach a certified copy of O/L certificate)

Subject	Grade	Subject	Grade

• G.C.E. Advanced Level - (Please attach a certified copy of A/L certificate)

Subject	Grade

9. Any other Qualifications:

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10. How did you come to know	about this course? (Please	tick the appropriate box/es)
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We	ebsite banners/links
Ba	nners/posters
Ha	indouts
Oth	her (please specify)
11. Yo	our purpose of following this course

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(Duly Completed Applications should be sent via registered post to the **Director**, **Centre for Open and Distance Learning**, **Uva Wellassa University**, **Passara Road**, **Badulla** on or before 24<sup>th</sup> September 2016).

#### Declaration

I do hereby certify that the above particulars furnished by me are true and accurate to the best of my knowledge. In the event of my application for registration being accepted, I shall abide by the rules and regulations governing external candidates of Uva Wellassa University of Sri Lanka.

Date

Signature

#### For Office Use Only

Payment method:	Amount:	Date received:	Reference: