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UVA WELLASSA UNIVERSITY
APPLICATION FOR ADMISSION TO
A HIGHER DEGREE BY RESEARCH
MPhil PROGRAMME



- *Duly completed application should be submitted in two copies to the Secretary, Faculty Higher Degree Committee of the relevant Faculty, Uva Wellassa University.*
- *All entries should be type written.*
- *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: Peoples' Bank
Account No: 010-1-001-6-8384805

1. PERSONAL DATA

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

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2. ACADEMIC DATA

2.1 Academic Qualifications

<i>University/Institute</i>	<i>Degree/Diploma with Subjects</i>	<i>Year</i>	<i>Grade/Class etc.</i>

2.2 Research: Publications/Experience

(Use additional sheets if necessary)

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3. OTHER QUALIFICATIONS

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

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

5. 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				

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

Full-time	Part-time

7. ANY OTHER RELEVANT INFORMATION

Have you applied for admission to this programme previously? Yes / No If yes, give details:
Are you currently registered for another Degree / Diploma at any other University / Institute? Yes / No If yes, give details:

8. DOCUMENTS TO BE ENCLOSED

<p>a) Two Letters of Recommendation <i>(should be sent directly to the Secretary Faculty Higher Degree Committee of the relevant Faculty, Uva Wellassa University under confidential cover and at least one should be from an Academic Referee)</i></p> <p>b) Degree /Diploma Certificate/s <i>(certified photocopy / copies should be submitted)</i></p> <p>c) Birth Certificate <i>(certified photocopy/copies should be submitted)</i></p> <p>d) Three (3) Self-addressed Envelopes. (22 cm × 10 cm)</p> <p>e) A passport size colour photo must be enclosed with this application for Student Identity Card</p> <p>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</p>

9. NAMES AND ADDRESSES OF TWO REFEREES

1.	2.
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10. 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)

11. 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

12. DECLARATION OF THE APPLICANT

I have instructed the Registrar of the
(University/Institute) to send my academic transcript directly to the Secretary- Faculty Higher Degree Committee, Faculty ofUva 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

----- **For Office Use Only** -----

RECOMMENDATION OF THE FACULTY HIGHER DEGREE COMMITTEE

- a) Field of study/subject and the Supervisors proposed for the MPhil Programme as given in Sections 4 and 5 are approved.
- b) 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

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c) Place of Work:

d) Requirement of a Qualifying Examination /Advanced Undergraduate Courses:

e) Other Observations (if any):

The Faculty Higher Degree Committee 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
Faculty Higher Degree Committee

Date:

.....
Signature of the Chairman
Faculty Higher Degree Committee

RECOMMENDATION OF FACULTY OF SCIENCE AND TECHNOLOGY - UVA WELLASSA UNIVERSITY

Registration is recommended / not recommended.

Observations (*if any*):

Date:.....

.....
Signature of the Dean

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APPROVAL OF THE SENATE - UVA WELLASSA UNIVERSITY

Registration is approved / not approved.

Observations (*if any*):

Meeting No.:

Minute No.:

Date:.....

.....

Signature of the Registrar

