Centre For Open and Distance Learning (CODL)
Uva Wellassa University of Sri Lanka

Application Form
Certificate Course in English for School Leavers - 2027

Course Applied For

Please fill this form in BLOCK **CAPITALS**

1. Name With Initials (Rev./ Mr./ Mrs./ Ms./)

2. Full Name

3. Postal Address

4. Contact Telephone Nos. Mobile Residence

5. E-mail Address

6. Date of Birth D M Y

7. Age as of the application D M Y

8. Gender Male Female

9. Nationality

10. NIC. Number

11. **Educational Qualifications**

(a.) G.C.E. Ordinary Level – (Please attach a certified copy of the Certificate)

Year	**Examination No.**		
Subject	Grade	Subject	Grade

12. Any Other Qualifications/working experience

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13. Present Employment Details, if applicable (Institution, Designation, Employer etc.)

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……..

14. Have you previously applied to this programme

Yes	No

15. Are you a **student of or have you been selected as a student of the Uva Wellassa University of Sri Lanka?**

Yes	No

If yes, give details: .
(Please submit all registration details with copies of relevant letters.)

16. **Are you a student or have you registered for any other university or higher education institution?**

Yes	No

If yes, give details: .
(Please submit all registration details with copies of relevant letters.)

17. Are you a currently registered or previously registered student for another course at the **Center for Open and Distance Learning of the *Uva Wellassa University of Sri Lanka***

Yes	No

If yes, give details: .
(Please submit all registration details with copies of relevant letters.)

18. Any other Relevant information that you wish to inform

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19. **Declaration by the Applicant**

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

Date **Signature**

For Office Use Only

Selection Committee Recommendation		
Recommendation of the Programme Coordinator	Recommended	Not Recommended
	Signature	

Payments Details

Description	**Date received**	**Reference**
Application Fee		
Course Fee		
Other		

File Reference