



**POSTGRADUATE UNIT OF MANAGEMENT (PGUM)
FACULTY OF MANAGEMENT
UNIVERSITY OF PERADENIYA, SRI LANKA**

FOR OFFICE USE ONLY	
Closing Date of the Applications:	
Application Number:	
Registration Number:	

APPLICATION FOR ADMISSION TO POSTGRADUATE PROGRAMMES

PROGRAMME DETAILS

- Postgraduate Diploma in Accounting & Finance
- Postgraduate Diploma in Management
- Master of Business Administration (MBA)
- Master of Accounting & Finance (MAcc&Fin)
- Master of Science in Accounting & Finance
- Master of Science in Management

PERSONAL DETAILS

01. NAME

(a) FULL NAME (Rev. / Mr. / Ms./ Mrs.) Please leave one space after each name																			

(b) NAME WITH INITIALS																			

02. GENDER

Male	
Female	

03. NATIONALITY

Sri Lankan	
Foreign National Specify the Country	

04. (a) NATIONAL ID NO											

(b)PASSPORT NO: (foreign nations only)											

05. DATE OF BIRTH							
D	D	M	M	Y	Y	Y	Y

06. CONTACT DETAILS

(a) PERMANENT ADDRESS																							

(b) MAILING ADDRESS																							

(c) TELEPHONE NUMBERS											
Mobile											
Office											
Home											

(d) E-MAIL ADDRESS																							

07. PRESENT EMPLOYMENT DETAILS

Are you currently employed? Yes No

If yes, specify the job and the employer,

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(Those who expect to obtain institutional financial support / leave/ release from service to follow the programme and wish to submit work experience as an eligibility criterion for the admission to a degree programme should submit a service letter using the prescribed form PGUM/APP/FORM 002).

08. ACADEMIC QUALIFICATIONS OBTAINED

Name of the University/ Institute	Name of the Degree/ Diploma with Subjects	Year	Grade/ GPA/ Class

09. RESEARCH PUBLICATIONS/EXPERIENCES

(Use additional sheets if necessary)

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10. CURRENTLY REGISTERED STUDENT FOR ANOTHER DEGREE/DIPLOMA AT THIS OR ANY OTHER UNIVERSITY?

If yes, give details:

.....

11. ANY OTHER RELEVANT INFORMATION THAT YOU WISH TO PROVIDE

(Use additional sheets if necessary)

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12. DOCUMENTS SUBMITTED WITH THIS APPLICATION

(a) Certified copies of the degree/ diploma certificate/s	
(b) Certified copies of the detailed results sheet of the degree/ diploma certificate/s	
(c) Certified copy of the birth certificate	
(d) Service letter (PGUM/APP/FORM 002)	
(e) Two referee reports (PGUM/APP/FORM 003)	
(f) Other relevant documents	
(g) A self-addressed and stamped (Rs. 15/-) envelop (22 cm x 10 cm)	

13. DECLARATION BY THE APPLICANT

I have requested the Registrar of
(Name of the University/ Institute you obtained Bachelor's degree or other qualifications) to send my academic transcripts directly to the **Assistant Registrar, Postgraduate Unit of Management, Faculty of Management, University of Peradeniya, Sri Lanka.** I certify that the information provided above is correct and I agree to abide by the regulations of the Postgraduate Unit of Management and the University of Peradeniya if my application is accepted.

.....
Date

.....
Signature of Applicant

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(a) Programme Applied for: Yes No

PG DIP		M.Sc.		MBA			
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(b) Documents submitted:

1. Certified copy of Birth Certificate		6. Service Letter (PGUM/APP/Form 002)	
2. Certified copy of Bachelor's Degree		7. Synopsis of research project	
3. Certified copy of Bachelor's Degree Detailed Certificate		8. Two Referee Reports (PGUM/APP/Form 003)	
4. Certified copy of Postgraduate Diploma		9. Transcript/s	
5. Certified copy of Master's Degree Certificate/s		10. Other Documents	

Remarks, if any:

.....
Date

.....
Signature of the Subject Clerk

The application is completed and submitted to Programme Coordinator and for selection.

Remarks, if any:

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Date

.....

Signature of Assistant Registrar
Faculty of Management

i. RECOMMENDATION OF POSTGRADUATE PROGRAMME COORDINATOR

The Application is

Recommended		Not Recommended	
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For admission to the programme applied under sectionof admission criterion.

If not recommended indicate reasons:

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Date

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Signature of Programme Coordinator

ii. APPROVAL OF CHAIRMAN, FACULTY HIGHER DEGREES COMMITTEE

The Application is approved/ not approved for registration.

If not approved, indicate reasons:

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Date

.....

Signature of Chairman
Faculty Higher Degrees Committee