## Centre For Open and Distance Learning Uva Wellassa University of Sri Lanka



## Application Form Certificate Course in English for School Leavers

	e Applied For							
se	fill this form in BLOCK CAPIT	TALS						
	Name With Initials (Rev./ Mr./ Mrs./ Ms./)							
	Full Name							
	Doctol Address							
3.	Postal Address							
ŀ <b>.</b>	Contact Telephone Nos. Mol	Residence						
<b>š</b> .	E mail Address							
<b>3.</b>	Date of Birth D M	Y	7. Age as at applying date	D M Y				
3.	Gender Male Fen	nale	9. Nationality					
10.	NIC Number							
•								
1. a.)	Educational Qualifications G.C.E. Ordinary Level – (Plea							
1. i.)	G.C.E. Ordinary Level – (Plea <b>Year</b>	se attach a cert  Examina  Grade	tion No.	Grade				
1. a.)	G.C.E. Ordinary Level – (Plea	Examina		Grade				
1. a.)	G.C.E. Ordinary Level – (Plea <b>Year</b>	Examina	tion No.	Grade				
1. a.)	G.C.E. Ordinary Level – (Plea <b>Year</b>	Examina	tion No.	Grade				
1. i.)	G.C.E. Ordinary Level – (Plea <b>Year</b>	Examina	tion No.	Grade				
1.	G.C.E. Ordinary Level – (Plea Year Subject  G.C.E. Advanced Level – (Plea	Examina Grade	Subject	e) if applicable				
1.	G.C.E. Ordinary Level – (Plea Year Subject	Examina Grade	Subject					
1. a.)	G.C.E. Ordinary Level – (Plea Year Subject  G.C.E. Advanced Level – (Plea	Examina Grade	Subject	e) if applicable				
1. a.)	G.C.E. Ordinary Level – (Plea Year Subject  G.C.E. Advanced Level – (Plea	Examina Grade	Subject	e) if applicable				

13. Present Employment Details, if applicable (Institution, Designation, Employer etc.)								
14.	Have you Previously applied to this prog	gran	nme	Yes	No			
15.	Are you a student of or have been selected as a student of t of Sri Lanka?			the Uva Wellassa University  Yes No				
	If yes, Give Details:	he co <sub>l</sub>	e copies of relevant letters)					
16.	Are you a student or have registered f institution?	or a	ny other univer	sity of hi	gher education			
	If yes, Give Details:(Please submit all registration details with the	he co <sub>l</sub>	pies of relevant leti	ters)				
17.	Are you a currently registered or previously registered student for another course at the Center for Open and Distance Learning of the <i>Uva Wellassa University of Sri Lanka</i>							
					No			
	If yes, Give Details:							
8.	Any other Relevant information that you wish to inform							
9.	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. In the event of my application for registration being accepted, I shall abide by the rules and regulation governing external candidates of Uva Wellassa University of Sri Lanka.							
	Date Signature							
	For Office Use Only							
	Selection Committee Recommendation							
	Recommendation of the Programme coordinator		commended mature	Not Ro	ecommended			
	Payments Details	Sig	gnature					
Ī	Description		Date received		Reference			
-	Application Fee							
}	Course Fee							
	Other							

File Reference