UNIVERSITY OF COLOMBO, SRI LANKA FACULTY OF ARTS APPLICATION FORM

(For Office Use Only)
Application No:
Application Fee:
Local / Foreign:

Master of Arts in International Relations (MAIR) 2024/2025

Personal Information					
1. Name in Full: (Underline the Last Nam	ne)				
Rev. / Mr. / Mrs. / Mi	ss:				
2. Name with Initials:					
3. Contact Address:					
4. Home Address: (If home address is differen fromcontact address)	nt				
5. Telephone:	Home :	Office:		Mobile:	
6. E-mail:					
7. Date of Birth:	Date / Month / Year		8. N. I. C:		
9. <u>Academic Qualification</u>	ons:				
(Submit Certified Cop	oies)				

Name of the University/Institution	Class (if 02 nd Class, state whether Upper or Lower)	Effective year and the duration of the degree	Subjects Offered
		University/Institution state whether Upper	University/Institution state whether Upper the duration of the

10. Professional Qualifications:

(Submit certified copies)

Qualif	ication	Duration	University/Institute	Effective Date
Work Exper	ience:			
Please list tl	he employmen	t background, starting fro	m your most recent position)
[Date			
From D/M/Y	To D/M/Y	Name & Address of the Employer		Position
ublications/	Research Expe	rience, if any:		
ny other Qua	alifications:			
re vou curre	ntly a register	ed student of any degree	program conducted by the U	Jniversity of Colombo
		nal Institute? Provide deta		, , , , , , , , , , , , , , , , , , , ,
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culty / Instit irrent status	tute: of the prograi	m:		
fy that abov	o information	given by me is true and a	scurate to the best of my kno	woodgo and Lam propa
-			ccurate to the best of my kno Higher Degree of the Universi	
te:				

Signature of theApplicant