**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) 2026/2027

Personal Information

1. Name in Full:

(Underline the Last Name)

Rev. / Mr. / Mrs. / Miss:

1. Name with Initials:
2. Contact Address:
3. Home Address:

(If home address is different fromcontact address)

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| 1. Telephone: Home : 2. E-mail: 3. Date of Birth: | Office: | Mobile: |
| 8. N. I. C: |  |
| Date / Month / Year | |  |

1. Academic Qualifications:

(Submit Certified Copies)

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| --- | --- | --- | --- | --- |
| **Degree/s obtained and Postgraduate Qualifications** | **Name of the University/Institution** | **Class (if 02nd Class, state whether Upper or Lower)** | **Effective year and the duration of the degree** | **Subjects Offered** |
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1. Professional Qualifications:

(Submit certified copies)

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| **Qualification** | **Duration** | **University/Institute** | **Effective Date** |
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1. Work Experience:

(Please list the employment background, starting from your most recent position)

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| --- | --- | --- | --- |
| **Date** | | **Name & Address of the Employer** | **Position** |
| **From D/M/Y** | **To D/M/Y** |
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1. Publications/ Research Experience, if any:
2. Any other Qualifications:
3. Are you currently a registered student of any degree program conducted by the University of Colombo or any other Higher Educational Institute? Provide details.

Name of the Program:

Faculty / Institute:

Current status of the program:

I certify that above information given by me is true and accurate to the best of my knowledge and I am prepared to abide by the rules governing the registration and the award of Higher Degree of the University of Colombo.

Date: …………………………………………….

Signature of the Applicant