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| Research Higher Degree Application  | MPhil and PhD |

Dear Applicant

Thank you very much for your interest in our academic programmes. Before completing and submitting this application we recommend that you familiarise yourself with admission guidelines and eligibility requirements on research higher degrees. The application will NOT be considered unless you have had initial discussions with a potential supervisor and provide details of such discussions. You may also contact the programme coordinator for assistance in this regard. However, having discussions with a potential supervisor will not guarantee admission. Both local and international students should apply as early as possible and we recommend you to do so at least three months before the intended intake of enrolment.

Except where the FGS-SUSL has given permission for direct registration for the PhD degree, each candidate shall initially register for an MPhil. Such a candidate shall not be examined for a PhD unless he/she has been upgraded in accordance with regulations specified in Research Higher Degrees By-Laws. Candidates with adequate competence to be upgraded to PhD after completing the first year of their studies.

Employees of state or private sector institutions should submit their applications together with a letter issued by the respective head of the institute, clearly indicating that consent would be given to the candidate to follow the programme on either full- or part-time basis.

The boxes below will automatically stretch as you type. Tick (√) whichever applicable. If any field is not applicable, clearly indicate N/A. Please provide the information requested in the application. Incomplete applications will not be entertained.

**1. Applicant's Personal Information**

|  |  |
| --- | --- |
|  |  |
| Name in Full: |       |
| Name with Initials: |       |
| NIC No: |       |
| Passport No: |       |
| Nationality: |       |
| Country of Residence: |       |
| Gender: |       Male |       Female |
| Date of Birth: |       (dd/mm/yyyy) |
| Primary Phone No: |       |
| Mobile Phone No: |       |
| E-mail: |       |
| Residential Address: | Address line 1: |       |
|  | Address line 2: |       |
|  | Address line 3: |       |
|  | City/Town:  |       |
|  | State/Province: |       |
|  | Postal Code: |       |
|  | Country: |       |
| Official Address: | Address line 1: |       |
|  | Address line 2: |       |
|  | Address line 3: |       |
|  | City/Town: |       |
|  | State/Province: |       |
|  | Postal Code: |       |
|  | Country: |       |
| Official Phone No: |       |

**2. Educational Qualifications** (Degrees obtained and most recent one first)

|  |  |  |  |
| --- | --- | --- | --- |
| Qualification | Institution and Address | Date of Completion | Grade/GPA/Class |
| A.       |       |  |  |
| B.       |  |  |  |
| C.  |  |  |  |
| D.  |  |  |  |

**3. Professional Qualifications** (Most recent one first)

|  |  |  |  |
| --- | --- | --- | --- |
| Qualification | Institution and Address | Date of Completion | Grade/GPA/Class |
| A.       |       |       |       |
| B.       |       |       |       |
| C.       |       |       |       |
| D.       |       |       |       |

**4. Employment Details and History** (Current one first)

|  |  |  |
| --- | --- | --- |
| Name of Employer and Address | Designation | Service in Years |
| A.       |       |       |
| B.       |       |       |
| C.       |       |       |
| D.       |       |       |

**5. Programme Details and Proposed Supervisor**

|  |  |
| --- | --- |
| A. Board of Study:  |       |
| B. Programme: |       Master of Philosophy (by Research) |
|  |       Doctor of Philosophy (by Research) |
| C. Area of Concentration:  |       (Please refer RHD section of the www.fgs-susl.edu.lk website) |
| D. Research Topic: |       |
| E. Intake/Year: |       February |       September |       Year |
| F. Mode of Study: |       Full-time |       Part-time |
| G. Proposed Supervisor:  | Name:  |       |
|  | Designation: |       |
|  | Affiliation: |       |
|  | Address: |       |
|  | Telephone: |       |
|  | E-mail:  |       |

**6. Medium of Instruction and Examination** (Once the medium of instruction and examination is selected candidates are required to undertake all the assessments under the same medium. Under no circumstances are they allowed to change).

A. Sinhala       B. Tamil       C. English

**7. Proficiency in English** (If the medium of instruction and examination is English)

|  |  |  |  |
| --- | --- | --- | --- |
|  | Excellent | Good | Poor |
| A. Reading |       |       |       |
| B. Writing |       |       |       |
| C. Speaking |       |       |       |

**8. Proof of English Language Proficiency** (If the medium of instruction is English)

|  |
| --- |
| A.       I have completed my higher education in English medium. |
| B.       I have sat an approved English language proficiency test. (If yes) |
|  | B1. Name of Test |       |
|  | B2. Results  |       |
|  | B3. Date of Test |       (dd/mm/yyyy) |

**9. Financing Your Studies** (Please tick all the boxes that apply)

|  |  |
| --- | --- |
| A. Self funding |       |
| B. I have been offered a full scholarship |       |
| C. I have been offered a partial scholarship |       |
| D. I have been sponsored by my employer |       |
| E. I have applied for a scholarship and decision is pending |       |

**10. Name and Address of the Sponsor/Scholarship**

|  |  |
| --- | --- |
| A. Name of Sponsor |       |
| B. Reference Details of Scholarship |       |

**11. Publications** (Attach a separate sheet if more space is required.)

|  |
| --- |
| Note: Organise and present this information as follows:Author(s); Year; Title of the Publication; Publisher; Name of the Journal/Edited Book, Volume, and Issue; ISSN or ISBN, DOI etc. |
| A.       |
| B.       |
| C.       |
| D.       |
| E.       |

**12. Reference** (Give names and contact details of **TWO** referees, at least one of whom should have been your teacher at the University. FGS-SUSL will obtain reference reports directly from your referees)

|  |  |
| --- | --- |
| A. Name:  |       |
| B. Designation:  |       |
| C. Affiliation:  |       |
| D. Tel:  |       |
| E. E-mail:  |       |

|  |  |
| --- | --- |
| A. Name:  |       |
| B. Designation:  |       |
| C. Affiliation:  |       |
| D. Tel:  |       |
| E. E-mail:  |       |

**13. Application Check List**

|  |  |
| --- | --- |
| Item | Please tick (√) |
| A. Duly filled application form with all relevant information (RD-01) - ready to upload |       |
| B. Passport size recent colour digital photographs - ready to upload |       |
| C. A proposal of the study (RD-02) - ready to upload |       |
| D. Copy of the letter of consent issued by the employer - scanned and ready to upload |       |
| E. Copy of Birth Certificate (English translation) - scanned and ready to upload |       |
| F. Copy of the bank payment slip/bank draft of the payment for Application and Preliminary Proposal Defense fee of LKR 10,000.00 or equivalent in USD - scanned and ready to upload. |       |

I certify that the information furnished in this application is true and correct to the best of my knowledge. I understand that misrepresentation in the application will cause the rejection of application or revoking acceptance for admission or the placement in the programme is liable to be cancelled without any compensation at any stage.

|  |  |
| --- | --- |
| Applicant's Signature: | (insert your scanned signature here) |
| Date: |       (dd/mm/yyyy)  |

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| --- | --- | --- |
| Notes:  | 1.2. | After compiling please save your application in MS Word (.doc or .docx) formats ONLY.**Admissions can only be processed online**. However, candidates are required to bring original documents at the time of interview and registration. |
|  | 3.  | Please instruct relevant institution(s) to send your academic transcripts to the following address either by post or courier.**By post:**Assistant Registrar (Actg.)Faculty of Graduate StudiesSabaragamuwa University of Sri LankaP.O. Box. 02 Belihuloya - 70140SRI LANKA**By courier:**Assistant Registrar (Actg.)Faculty of Graduate StudiesSabaragamuwa University of Sri LankaBelihuloyaSRI LANKATel: +94-45-2280283; +94-45-2280007 |
|  | 4. | Please credit your payment of the Application Processing Fee to:Bank & Branch: Bank of Ceylon (Sabaragamuwa University Branch)Account Name: Sabaragamuwa University of Sri Lanka, Faculty of Graduate Studies Account Number: 79701001 |
|  | 5. | If your application is approved for enrollment, you will be issued a placement letter to that effect from the Dean, Faculty of Graduate Studies. |

**14. For Office Use Only**

|  |  |
| --- | --- |
| Date Received: |       (dd/mm/yyyy) |
| Endorsement (√): |       Approved       Not Approved |
| Remarks (If any): |       |
| Coordinator's Signature:  |       |
| Offer Letter Issued On: |       (dd/mm/yyyy) |
| Proposed Date of Registration: |       (dd/mm/yyyy) |
| Online Reference Updated By: |       |
| Checked By: |       |