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| Research Proposal Submission |

Dear Applicant

Please use this form to forward your research proposal to be submitted along with the application of enrolment.

The boxes below will expand as necessary as you type. Tick (√) which ever applicable. If any field is not applicable, clearly indicate N/A.

|  |  |  |
| --- | --- | --- |
| Candidate's Name with Initials: |  | |
| Programme: | Master of Philosophy (by Research) | |
|  | Doctor of Philosophy (by Research) | |
| Board of Study: |  | |
| Area of Concentration: | (Please refer RHD section in the fgs-susl website) | |
| Principal Supervisor:  (Proposed) | Name: |  |
|  | Designation: |  |
|  | Affiliation: |  |
|  | Address: |  |
|  | Telephone: |  |
|  | E-mail: |  |
| Co-supervisor I:  (Proposed) | Name: |  |
|  | Designation: |  |
|  | Affiliation: |  |
|  | Address: |  |
|  | Telephone: |  |
|  | E-mail: |  |
| Co-supervisor II:  (Proposed) | Name: |  |
|  | Designation: |  |
|  | Affiliation: |  |
|  | Address: |  |
|  | Telephone: |  |
|  | E-mail: |  |

**PART A: Research Proposal** *(Word limit- Main text: 2500 words; Line spacing: 11/2; The content and structure of the research proposal may vary depending on the nature of your study. Hence, you may alter the following outline as necessary)*

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| Working Title of the Study: |
| Background of the Study: |
| Research Problem: |
| Research Questions/Hypothesis: |
| Objectives of the Research: |
| Review of Key Literature: |
| Gaps in Existing Research: |
| Methodology: |
| Expected Outcome: |
| Work Plan: |

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| Any Other Relevant Information: |
| References: |
| Bibliography: |
| Annexes: |
|  |

**PART B: Estimated Research Budget**

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| --- | --- | --- |
| Item | Approx. Amount (LKR) | Additional Information (if any) |
| 1. Field work |  |  |
| 2. Laboratory expenses |  |  |
| 3. Data analysis |  |  |
| 4. Other (Please specify) |  |  |
| 5. Total |  |  |

**PART C: Time Frame**

**PART D: Candidate's Declaration**

I,       (name of the applicant) declare that this research proposal and its contents presented here have been conceived by me and I shall be submitting the same for enrolment. All supportive information provided in this form are true and correct.

|  |  |
| --- | --- |
| Candidate's Signature: |  |
| Date: | (dd/mm/yyyy) |

**PART E: For Office Use Only**

|  |  |
| --- | --- |
| Date Received: | (dd/mm/yyyy) |
| Endorsement (√): | Approved       Not Approved |
| Remarks (If any): |  |
| Names of Reviewers |  |
|  |  |
| Coordinator's Signature: |  |
| GS Portal Updated By: |  |
| Checked By: |  |