University of Colombo -Faculty of Education, Sri Lanka

Application for Master of Education (Part-time) Programme 2025/2026

		Aŗ	plication	No: (For office	Use Only)	
Medium of the Prog	ramme:	Sinhala		Tamil	English	n
1. Full Name of	the Applicant:					
2. Title: Ven.	Rev.	M	r	Ms.		
3. Name with Ir	nitials:					
4. Date of Birth	: Year		Mor	nth	Date	
5. Age as at 15.	06.2025:					
6. Country/Reg	ion: Local		Fore	eign		
7. NIC/Passport	t Number					
8. Nationality:						
9. Citizenship:						

10.	Permanent Address	
11.	Address for Correspondence	:
12.	Designation (if employed):	
13.	Official Address:	
14.	Service in Education Sector:	
	i. More than 5 years	ii. 3 - 5 years
	iii. less than 3 years	iv. Not employed in the Education Sector
15. Coi	ntact Details:	
	Office Telephone Number:	
	Residence Land Number:	
	Mobile Number	
	WhatsApp Number	
	Email Address (please type clearly)	

16. Academic Qualifications:

	16. Academic Qu	iaiiiications:					
Degi	ree/ Postgraduate	University/	UGC	Duration	Date of	Class/	Medium
De	egree/ Diploma	Institution	recognition	of the	award	honours	
				programme			
	17. Declaration of the	ne Applicant					
	I certify that the in	nformation prov	vided above	is true and a	ccurate to	the best of	my
	knowledge and I am	n prepared to al	oide by the ru	les and regul	ations gove	rning the deg	gree
	programmes of the	University of Col	ombo.				
		·					
	Date:			Signature:			

18. Declaration of the Head of the Department/Institution

(Applicants who are employed should submit their applications through respective Head of the Department/Institution)

This applicant can/cannot be released if he/she is selected to follow the programme applied for.

Date:

Signature of the Employer

official stamp

Note:

Please use the following link to apply and upload the relevant scanned copies of the required certificates and payment slip only in **PDF format** to the same link.

https://forms.gle/N7peVTJXMJic8xAF6

And

Completed applications along with the payment slip and self-addressed stamped (Rs.110/-) envelope (22x10 cm in size) should be sent by registered post to reach the Senior Assistant Registrar, Faculty of Education, University of Colombo, Colombo 03 on or before **15**th **June 2025.** Please write the name of the programme along with the medium at the top left of the envelope.

• The applicant can select only one type of media.

For office Use Only				
Application is in order				
Yes	No			
Date:	Signature of the Programme Management Assistant			
The Applicant has full	filled the assential requirements to be enrolled in the programme			
Yes	Filled the essential requirements to be enrolled in the programme. No			
Date	Signature of the Programme Coordinator			