Centre For Open and Distance Learning
Uva Wellassa University of Sri Lanka

Application Form for Diploma Courses

Course Applied For

Please fill this form in BLOCK **CAPITALS**

1. Name With Initials (Rev./Mr./ Mrs./ Ms./Other)

2. Full Name

3. Postal Address

4. Contact Telephone Nos.   Mobile   Residence

5. E mail Address

6. Date of Birth   D M   Y   7. Age as at applying date   D   M   Y

8. Gender   Male   Female   9. Nationality

10. NIC Number

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11. **Educational Qualifications**

(a.) G.C.E.Ordinary Level – (Please attach a certified copy of Certificate)

Year		Examination No.	
Subject	Grade	Subject	Grade

(b.) G.C.E. Advanced Level – (Please attach a certified copy of A/L Certificate)

Subject	Grade

12. Any Other Qualifications

_____

_____

_____

13. Present Employment Details, if any (institute, post, employer etc.)

_____

_____

14. Are you a currently registered or previously registered student for another course at the **Center for Open** and **Distance Learning**

Yes	No

Yes	No

If yes, Give Details: _____
(Please submit all registration details with the copies of relevant letters)

15. Any other Relevant information that you wish to inform

_____

16. **Declaration by the Applicant**

I do hereby certify that the above Particulars furnished by me are true and accurate to the best of my Knowledge. In the event of my application for registration being accepted, I shall abide by the rules and regulation governing external candidates of Uva Wellassa University of Sri Lanka.

Date   **Signature**

For Office Use Only

Selection Committee Recommendation

Recommendation of the programme coordinator	Recommended
	Not Recommended
Date	Signature

Payments Details

Description	Date received	Reference
Application Fee		
Course Fee		
Application Fee		
Other		

File Reference