



**Application Form**  
**Master of Science Degree Programs in 2020**  
**Faculty of Science, University of Colombo**

1. Name of the Master of Science Program: .....
2. Name in Full: (Mr/Mrs/Miss) .....  
 .....
3. Address for communication: .....  
 .....  
 .....
4. Telephone: Land line: ..... Mobile: .....
5. Email: .....
6. FAX: .....
7. Date of Birth: ..... Age: .....
8. Educational Qualifications: Please specify the chemistry subjects offered in last two years of undergraduate course/s.

	Subjects	University
(a) Special Degree	.....	.....
	.....	
	.....	
	.....	
(b) General Degree	.....	.....
	.....	
	.....	
	.....	
(c) Class Obtained	.....	
(d) Other Qualifications	.....	
	.....	

(e) English Proficiency: .....

(f) Experience in the field Applied: .....

9. Present Position/Occupation: .....

10. Previous positions held with period: .....

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.....

11. Names and addresses of two referees:

I. ....  
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II. ....  
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12. Have you been registered for a postgraduate degree/diploma or any other examination in the University of Colombo or any other university? If so give details (year, program, date of registration etc.): .....

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.....

13. Explain in a few sentences why you wish to follow this course: .....

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.....

I certify that the above information given by me is true and accurate to the best of my knowledge and I am prepared to abide by the rules and regulations governing the registration and awarding of Higher Degrees of the University of Colombo, Sri Lanka

Signature: .....

Date: .....

**Application Procedure:**

Duly completed application forms together with receipt for Rs. 1000/- paid to the University of Colombo **Account No: 314042100009** at the Thimbirigasyaya Branch of the People's Bank (payment can be made at any branch) should be submitted in person or sent under Registered Post to:

Department of Zoology & Environment Science

Faculty of Science

University of Colombo

Colombo 03

**Note:** Name of the course should be written on the top left-hand corner of the envelope.