

WAYAMBA UNIVERSITY OF SRI LANKA
FACULTY OF AGRICULTURE & PLANTATION MANAGEMENT
APPLICATION FOR ADMISSION TO THE
B.Sc. Degree Program in Plantation Management (External)

1. **Name in full: Mr./Mrs./Miss**
(Use BLOCK LETTERS) _____

2. **Name with initials:** _____

3. **Residential Address:** _____ 4. **Official Address:** _____

5. **Tel :** _____ **Tel :** _____

e-mail : _____ **e-mail :** _____

6. **National Identity Card No:** _____

7. **Date of Birth:** Day Month Year

8. **Marital Status:** Single Married

9. **Examination (Advance Level) (Attach photocopies of certificates):** year

Subject	Result	Subject	Result
_____	_____	_____	_____
_____	_____	_____	_____

10. **Academic Qualifications (Attach photocopies of certificates):**

Institution	Period	Main Subject	Certificate/Diploma/ Degree	Month & Year
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

11. Professional Qualifications (*Attach photocopies of certificates*):

Institution	Period	Field of study/Training	Qualification	Month & Year
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

12. Work Experience (*Managerial Entrepreneurial, Consultancy, etc.*):

Organization	Period of service	Nature of work	Position held
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

13. Current Job and Responsibilities:

Briefly describe your current job/work responsibilities: (Please attach a letter from your current employer)

14. Knowledge of English:

Excellent Good Average

15. How do you pay for your graduate studies?

Self Sponsored

If sponsored, by whom? _____
(Please indicate the name of the institution)

16. List other information including your personal / career interest which you feel may be useful to the Board of Study in the evaluation of your application:

17. Please indicate under which category you are seeking admission.

a	b	c	d
---	---	---	---

(Please see paper advertisement: 'Admission requirements')

I certify that the above information is true and correct. I understand that misrepresentation in this application will cause rejection of application or revoking of acceptance for admission. I am aware that incomplete applications will be rejected.

Date : _____

Signature of Applicant

Mail this application under registered post to:

**Assistant Registrar,
Faculty of Agriculture and Plantation Management,
Wayamba University of Sri Lanka,
Makandura,
Gonawila. (NWP)**

(Note: Closing date for Application 31st October 2018)