DEPARTMENT OF CIVIL ENGINEERING FACULTY OF ENGINEERING UNIVERSITY OF MORATUWA

APPLICATION FORM FOR MSc. IN STRUCTURAL ENGINEERING - 2019/2020

1. PERSON													
Mr.	Name with Initials:				Date of Birth			Age			Marital Status		
	Names de	noted h	v Initiale:					1-8		Married			
	Names de	enoted b	y minais.		yyyy mm dd				yrs.				
☐ Ms.								as at			Si	ngle	
☐ Miss	S							01/01/20					
Nationality : Sri Lankan / Other (Specify)				National	Indentity								
					assport No								
Home Address :				Office Address :									
Tel:				Tel:									
Mobile Tel :					Fax:								
e-mail:					e-mail :								
Mailing Address: (not e-mail address) 2. ACADEMIC/PROFESSIONAL QUALIFICATIONS													
Please attach c													
A. Tertiary Ed	A. Tertiary Education												
From Month/Year	From To Month/Year Month/Year		Institution Attended, Country		Degree		C	Class / Rank			Date of Completion		
B. Membership of Professional Organizations													
From		7	To Organization		n Post He			Held/ Membership Status					

C. List in chro	onological order a	nny university scholars	ships, prizes or o	ther awards rece	eived	
3. WORK F	EXPERIENC	<u> </u>				
		graduation (up to <u>15th</u>	November 2018)			
Total Years of	experience after	obtaining professiona			<u>aber 2018</u>)	
	.E (Sri Lanka)]					
A. Present Occ Date of	_					Employment Sector
Joining	Name of Fi	rm/ Organization	Title/Po	sition	(Public/St	atutory/Private/Self-employed)
B. Previous Oc	-	provide copies of rele				
From Month/Year	To Month/Year	To Name & Addr		Title/Posi Natur		Reason (s) for Leaving
Within I car	Month/Year Organization			Wor		Leaving
	FORMATION					
A. Courses	attended					

B. Research undertaken and publications
C. Any other relevant information

D . How will you finance postgraduate studies?					
PRIVATELY	SPONSORED				
If sponsored, by whom:					
E. Name, designation & address of two referees:					
1.	2.				
F. Are you registered for any other postgraduate course?	Yes No No				
If 'yes' give following details:	140				
Course:					
Admission Number: Department/ University					
5. DECLARATION					
I affirm that all statements made by me on this form are correct. I understand that any inaccurate or false information (or omission of material information) will render this application invalid and that, if admitted and awarded a place on the basis of such information, my candidature can be terminated and I can also be subject to any penalty dictated by the rules of the University of Moratuwa.					
Date:	Signature:				

Please send your application to:-

Dr. H.M.Y.C. Mallikarachchi

The Course Coordinator

MSc. in Structural Engineering - 2019/2020

Department of Civil Engineering

University of Moratuwa

Moratuwa

Closing date for applications is 15^{th} November 2018

Check whether you have attached the following:

- 1. Copies of certificates of academic qualifications* (eg. degree certificate with transcripts, etc.)
- 2. Copies of certificates of membership / associate membership / graduate membership of professional institutions*
- 3. Copies of certificates of employment records*
- 4. Letter of consent from employer regarding leave
- 5. Letter of Sponsorship (if applicable)
 - * originals have to be produced on request at the interview

LETTER OF CONSENT FROM THE EMPLOYER GRANTING PERMISSION FOR STUDY

Dr. H.M.Y.C. N	Mallikarachchi
Course Coordin	nator
MSc. in Structu	ral Engineering - 2019/2020
Department of 0	Civil Engineering
University of M	Ioratuwa
Moratuwa	
RE: Mr./Mrs.	/ Ms. / Miss
	Applicant for MSc. in Structural Engineering - 2019/2020
I understand tl	hat Mr. /Mrs. / Ms. / Miss who is
working at our	organization has applied for the MSc. in Structural Engineering for the academic
year - 2019/202	20. If he / she is selected:
(i) I grant / Saturdays.	do not grant permission for him/her to pursue studies during Fridays and
(ii) I grant /do	o not grant official leave for him / her for attending classes.
(iii) Our organi	zation will / will not sponsor his / her course fees.
I recommend /	do not recommend Mr. /Mrs. / Ms. / Miss
for the above co	ourse.
Yours sincerely	, ,
Signed	:
Name	:
Designation	·
Organization	·
Date	:

(The employer may send a photocopy of this letter directly to the Course Coordinator.)