University of Sri Jayewardhanapura, Sri Lanka

Department of Computer Science

Application Form for MSc in Computer Science

Please complete the forms using Adobe Acrobat Reader if it's available. Alternatively, you can use web browsers such as Microsoft Edge or Google Chrome, or utilize other PDF readers/editors as necessary.

Course Name	MSc in Computer Science			Image of Applicant
Faculty	Faculty of Applied Sciences			
Department	Department of Computer Science			
Academic Year	2023/24	Code No.	6037	

01.Personal Details

Name in Full			
Name with Initials			
Title		Civil Status	
National Identity Card		Gender	
Permanent Address			
Postal Address			
Email Address			
Mobile Phone Number		Land Line Number	
Date of Birth (dd/mm/yyyy)		Medium	
Highest Academic Qualification			

Profession	

02.Academic Qualifications

Degree Details

Degree Name	Institution/University	Class	Effective date (dd/mm/yyyy) and Duration (From mm/ yyyy to mm/yyyy)		Major Field
			From to		
			From to		
			From to		

Certificate/Diploma Courses

Type	Course Name	Institution/University	Course Duration(Months)	Year

Special Achievements (Academic Distinctions, Medals or Prizes)

Type of Special Achievement	Details of Special Achievement

03. Details of Research and Publications (if any)

04. Professional Qualifications

Qualification	Institution / University	Period (**From** mm/yyyy **to** mm/yyyy)	Field of Study / Training	Effective date (dd/mm/yyyy)
		From to		
		From to		
		From to		

05. Other Qualifications (if any)

06.Employment Record (From First Employment to Upwards)

Designation	Institution	From (dd/mm/yyyy)	To (dd/mm/yyyy)	Nature of Duty

07.Self-Assessment of Proficiency in English

	Very Good	Good	Fair	Weak
Reading				
Writing				
Conversation				

08.Briefly Describe Your Reasons for Wishing To Enroll In The Program. (Include your personal/ career interests)

09.Non Related Referees

Name	Designation	Address	Telephone No	Email

10.Declaration of The Applicant

I certify that all information provided above is correct and I agree to abide by and be subjected to the regulations of the Faculty of Graduate Studies, University of Sri Jayewardhanapura, if this application is accepted.

…………………………..   …………………………………
       Date   **Signature of Applicant**