**UNIVERSITY OF COLOMBO, SRI PALEE CAMPUS – SRI LANKA**

**Department of Mass Media**

**APPLICATION FOR ADMITION**

**Masters of Arts in Media Research – (MA Two Years with Research)**

**2025/2026**

**01. PERSONAL DATA**

a) NAME IN FULL :……………………………………………………………………………………………….....

(Underline the Last Name) ..................................................................................................................

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b) NAME WITH INITIALS :…………………………………………………………………………………………………..

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c) CONTACT ADDRESS :…………………………………………………………………………………………………...

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d) HOME ADDRESS :…………………………………………………………………………………………………….

(If home address defers from contact address) ………………………………………………………………………………………………………

E) TELEPHONE :HOME………………………….OFFICE…………………………….MOBILE……………………………

f) E-MAIL :……………………………………………………………………………………………………

g) DATE OF BIRTH :........../………/………. h) NIC No:………………………………..

DATE MONTH YEAR

i) SEX : MALE/FEMALE

**02. EDUCATIONAL QUALIFICATIONS:**

a) University Education: \*\*

University Diploma/ Duration of Date of Award Class

Degree Studies

i)…………….………….……. ………………………… …………………… ……………………… ….……………

ii)…………....…..…………. ………………………… …………………… ……………………… ….……………

iii)…………...…..…………. ………………………… …………………… …………………….. ….……………

**(Please attached certified copies)**

b) Professional Qualifications: \*\*

University/Institute Qualifications Duration of Date of Award Studies

i)……………………………………. ……….………………… …………………………….. ………………

ii)…………………….…….………. ……….………………… …………………………….. ………………

iii)…………………..……..………. ……….………………… …………………………….. ………………

iv)……………………….…………. ……….………………… …………………………….. ………………

**\*\* Please attach certified copies**

c) Any other Qualifications:

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**03. WORK EXPERIENCE**

a) Please list the employment background, beginning with your most recent position

Date Name & Address of employer Duration Designation

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(Please attach the service certificates)

b) A brief description of current responsibilities:

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**04. TWO NON-RELATED REFEREES**

Name a)……………………………………………… b)…………………….…….…………………………

Position ………………………………………………… …………………….……….………………………….

Address/ ………………………………………………… …………………………..…………………………….

………………………………………………… ………………………….……………………………..

Telephone ………………………………………………… …………………………………………………………

E-mail ………………………………………………… …………………………………………………………

I certify that the above particulars given by me are true and accurate to the best of my knowledge and I am prepared to abide by the rules and regulations of the University of Colombo, Sri Lanka.

Date:…………………………………………… …………………………………………………

Signature of Applicant

**FOR OFFICE USE ONLY**

|  |  |
| --- | --- |
| Academic Qualifications |  |
| Professional Qualifications |  |
| Other experience |  |
| Qualified for the Programme |  |
| Recommendation of the selection Committee |  |