**Guidelines for PG Application**

* There are two forms (Form A and Form B) need to be submitted
* Form A need to filled by the applicant and Form B need to be filled by the employer of the applicant
* Form A should be emailed by the applicant with the following supporting documents

1. Scanned copies of certificates of academic qualifications
2. Scanned copies of certificates of membership / associate membership / graduate ship of professional institutions.
3. Scanned copies of certificates of employment records of last 5 years
4. Letter of Sponsorship (if applicable)
5. Scanned copies of birth certificate & national identity card

*Note: Application and all supporting documents should be in PDF*

* Form B should be e-mailed by the employer, directly to the PG course coordinator using his/her official e-mail
* All documents should be e-mailed to:

PG Course Coordinator (TED)

[**pg-ted@uom.lk**](mailto:pg-ted@uom.lk)

* **Closing date** for application is **22nd July 2021**
* For further information, you may contact:

Course Coordinator : Dr. H.L.K. Perera

Email : [loshakap@uom.lk](mailto:loshakap@uom.lk)

TP : 2640051 – Ext. 2219

Course Assistant : Mrs.Melani Jayakody

Email: [pg-ted@uom.lk](mailto:pg-ted@uom.lk)

TP : 2640170 – Ext. 2130

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| **UNIVERSITY OF MORATUWA**  **FACULTY OF ENGINEERING**  **DEPARTMENT OF CIVIL ENGINEERING**  **TRANSPORTATION ENGINEERING DIVISION** | |
| **APPLICATION FORM FOR (Intake 2021/2022)**  **(Please tick)** | |
| M.Eng. COURSE IN HIGHWAY & TRAFFIC ENGINEERING |  |
| M.Sc. COURSE IN TRANSPORTAION |  |

**Form A**

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| 1. PERSONAL PARTICULARS | | | | | | | | | | | | | | | | | |
|  | Mr.  Mrs.  Miss. | **Name in Full :** (Write in BLOCK letters and underline surname/family name) | | | | | Date of Birth | | | | Age | Sex | | **Marital Status** | | | |
| yr. | m | | d | Yrs. |  | M |  | | | Married |
|  |  | |  |  |  | F |  | | | Single |
| Nationality: Sri Lankan / Other (Specify) | | | | | National Identity Card / Passport No. : | | | | | | | | | | | | |
| Home Address | | | | | Office Address | | | | | | | | | | | | |
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| **Tel :** | | | | | **Tel :** | | | | | | | | | | | | |
| **Mobile :** | | | | | **Fax :** | | | | | | | | | | | | |
| **e-mail :** | | | | | **e-mail :** | | | | | | | | | | | | |
| 2. ACADEMIC QUALIFICATIONS | | | | | | | | | | | | | | | | | |
| Please a attached **copies** of relevant certificates | | | | | | | | | | | | | | | | | |
| **A.** Post-secondary Education | | | | | | | | | | | | | | | | | |
| **From**  **Month / Year** | | | **To**  **Month / Year** | School Attended | | | | | **Certificate / Diploma** | | | | | | **Year** | | |
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| B. Tertiary Education (Undergraduate and Postgraduate) | | | | | | | | | | | | | | | | | |
| **From**  **Month / Year** | | | **To** Month / Year | **Institution Attended, Country** | | **Degree** | | | | | | **Class / Rank** | | | | **Year** | |
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| **C.** Membership of Professional Organizations (Please enclose documentary evidence) | | | | | | | | | | | |
| **From** | | **To** | | | **Organization** | | | **Post Held / Membership Status** | | | |
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| **D.** List in chronological order any University scholarships, prizes or other awards received. (Please enclose documentary evidence) | | | | | | | | | | | |
| **3. WORK EXPERIENCE** | | | | | | | | | | | |
| Total year of experience after graduation | | | | | | | | |  | | |
| Total year of experience after professional qualifications [eg. After M.I.E (Sri Lanka) ] | | | | | | | | |  | | |
| **A**. Previous occupation (Please list jobs held during last 5 years) | | | | | | | | | | | |
| **From**  **Month / Year** | **To** Month / Year | | | **Name & Location of Firm / Organization** | | | **Title / Position & Nature of Work** | | | | **Reason for Leaving** |
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| **B.** Present occupation | | | | | | | | | | | |
| Date of Joining | | | Name if Firm / Organization | | | **Title / Position** | | | | **Employment Sector (Public / Statutory / Private / Self-employed)** | |
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| **4. OTHER INFORMATION** | | | | | | | | | | | |
| **A.** Programme of Study intended | | | | | | M.Sc. (24 months) | | | |  | |
| M.Eng. (24 months) | | | |  | |
| **B**. Other relevant information (such as Training Programmes, Workshop & Course attended, Research Undertaken, Publications etc.) | | | | | | | | | | | |
| **C.** How will you finance postgraduate studies? | | | | | | | | | | | |
| **PRIVATELY** | | | | | | **SPONSORED** | | | | | |
| If sponsored by whom : | | | | | | | | | | | |
| **D.** Name, designation & address of two referees : | | | | | | | | | | | |
| 1. | | | | | | 2. | | | | | |
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| **E.** Are you Registered for any other postgraduate course? Yes  No | | | | | | | | | | | |
| If ‘yes’ give details : | | | | | | | | | | | |
| **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** : ………………………………….. | | | | | | **…………………………………..**  Name/Signature | | | | | |

**Form B**

**LETTER OF CONSENT FROM THE EMPLOYER**

**GRANTING PERMISSION FOR STUDY**

Course Coordinator

M.Eng. in Highway & Traffic Engineering and MSc. in Transportation

Department of Civil Engineering

University of Moratuwa

Moratuwa.

**RE : Mr./Mrs./Miss.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Applicant to M.Eng. in Highway & Traffic Engineering/ MSc. In Transportation.**

I understand that Mr./Mrs./Miss. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ who is working at our organisation has applied for the M.Eng. In Highway & Traffic Engineering/ MSc. in Transportation for the academic year 2021/2022 If he/she is selected:

1. I grant/do not grant permission for him/her to pursue studies during Fridays (4.30pm-7.30pm) and Saturdays (9.00am-7.30pm)
2. I grant/do not grant official leave for him/her for attending classes.
3. Our organisation will/will not sponsor his/her course fees.

I recommend/do not recommend Mr./Mrs./Miss. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for the above course.

Yours sincerely,

Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Designation : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organisation : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_