


UNIVERSITY OF MORATUWA

APPLICATION FOR ADMISSION TO THE PhD DEGREE PROGRAM

A. PERSONEL INFORMATION						
1. Title:		Reference No :				
2. Name in full:						
3. NIC No:		4. Date of Birth:		5. Gender:		6. Marital Status:
7. Home Address:				Tel :		
				Email :		
8. Office Address:				Tel :		
				Email :		
7. Contact Address (If different from 7 or 8):				Tel :		
				Email :		
B. ACADEMIC INFORMATION(Requested Program of Study)						
Faculty		Department		Program	Method of Study	Name of Sponsor (if any)
				PhD		
15. Research Component						
15(a). Topic of Research						
15(b). Name(s) of Research Supervisor(s)						
16. Coursework Component						
16(a). Details of Coursework (Module code & Title) (Minimum of 2 credits)			16(b). No. of Credits		16(c). Course Coordinator	
			-			
			-			
			-			
C. PREVIOUS EDUCATIONAL QUALIFICATIONS						
17(a). University	17(b). Period	17(c). Date of Graduation	17(d). Area of Specialization	17(e). Medium	17(f). Degree/ Diploma	17(g). Class
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D. PROFESSIONAL QUALIFICATIONS**18(a). Professional Institution:****18(b). Class of Membership :****18(c). Date of Membership :****E. DETAILS OF RELEVANT EXPERIENCE**

19(a). Organisation	19(b). Period	19(c). Designation	19(d). Nature of Work
	-		
	-		
	-		

**20. Are you registered for any other postgraduate courses?
If 'Yes', please give details:**

21. Other relevant information (Publications, Awards etc.):

F. REFREES

Name :		Name :	
Designation :		Designation :	
Address :		Address :	
Tel :		Tel :	
E-mail :		E-mail :	

G. RESEARCH PROPOSAL (Please refer to instructions)

H. DECLARATION OF APPLICANT

I certify that the particulars furnished above are true and complete.

Date:.....

Signature of the Applicant:

NOT TO BE FILLED BY THE APPLICANT

J. RECOMMENDATION OF THE THESIS SUPERVISOR(S)

I/We agree with the proposal and undertake to supervise the above project for the Ph.D./M.Phil. Degree by Mr./Ms.

.....

- Please establish the Date of Commencement as the date of HoD's signature on this application.
- Date of Commencement will be notified at the time of initial registration.

Note: the date cannot be earlier than the date of the applicant's qualification for eligibility. (e.g., B.Sc. degree)

The following Progress Review Committee is proposed for the above Student. Please obtain Board of Graduate Studies approval.

No	Name	Role	Affiliation and Designation	Qualifications	E-mail
		Specialist in the area of research (if necessary from outside the Dept/University)			
		Supervisor			
		Research Coordinator (or nominee)			

Date

.....

Supervisor(s)

.....

Signature

.....

K. RECOMMENDATION OF THE RESEARCH COORDINATOR**The proposal is relevant to the Department.**

<input type="checkbox"/>	I agree with the proposed Progress Review Committee	<input type="checkbox"/>	I recommend the Date of Commencement
Date	Research Coordinator	Signature	
.....	

L. RECOMMENDATION OF THE HEAD OF THE DEPARTMENT

I recommend / do not recommend the above application. The study program is acceptable to the Department of.....and the resources can / cannot be made available.

<input type="checkbox"/>	I nominate the Progress Review Committee.	<input type="checkbox"/>	I recommend the Date of Commencement
Date	Head of the Department	Signature	
.....	

M. RECOMMENDATION OF THE DIRECTOR, POSTGRADUATE STUDIES, FACULTY OF ARCHITECTURE / ENGINEERING / IT.

I propose the following member for the Proposal Review Panel.

Name	Role	Affiliation and Designation	E-mail
	Member of the FHDC from outside the Department (for Proposal Review only)		

The Architecture / Engineering / IT Faculty Higher Degrees Committee has found the research proposal acceptable / not acceptable and confirm that the candidate is / is not eligible under clause No. and possesses / does not possess all the requirements for registration under Clause No. of By-law No. 16 of 2017 for Ph.D. / No. 5 of 2017 for M.Phil Degree. I recommend the applicant for

<input type="checkbox"/>	Temporary registration	<input type="checkbox"/>	Formal registration
<input type="checkbox"/>	M.Phil Degree	<input type="checkbox"/>	Ph.D. Degree
<input type="checkbox"/>	I recommend the Proposal/Progress Review Committee.	<input type="checkbox"/>	I recommend the Date of Commencement.

Forwarded to the Board of Graduate Study for approval.

Date	Director, Postgraduate Studies:	Signature
.....

N. DECISION OF THE BOARD OF GRADUATE STUDY

The Board of Graduate Studies at its meeting No. held on recommended / did not recommended the registration of this applicant as recommended by the Director, Postgraduate Studies. The following amendments/decisions were taken:

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<input type="checkbox"/>	The Progress Review Committee is approved.	
<input type="checkbox"/>	The Date of Commencement is approved.	
<input type="checkbox"/>	Forwarded to Senate Higher Degrees Committee for Senate approval.	
<input type="checkbox"/>	Retained at FGS until academic certificates are received.	
<input type="checkbox"/>	Retained at FGS until Qualifying Examination is completed.	
Date	Secretary to the BoGS	Signature
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