

**LETTER OF CONSENT FROM THE EMPLOYER
GRANTING PERMISSION FOR STUDY**

MBA Coordinator (MBA-SCM)
Department of Transport and Logistics Management
Faculty of Engineering
University of Moratuwa
Moratuwa 10400

RE: Mr. / Mrs. / Ms.....

Applicant for MBA (SCM)/PGDip (BA) (SCM) Programme in University of Moratuwa

I understand that Mr. /Mrs. /Ms:..... who is working in our organisation has applied for MBA (SCM) / PG Dip (BA) (SCM) Programme at the University of Moratuwa, scheduled to commence in January 2020.

If he/she is selected:

- a. I grant/do not grant permission for him/her to pursue studies during evenings of working days (from 5.30 pm – 8.30 pm) and Saturdays (whole day) during the study period.
- b. I grant / do not grant official leave for him/her for attending classes.
- c. Our organization will/will not sponsor him/her course fees in full/part.

I recommend /do not recommend Mr. /Mrs. /Ms. for the above course.

Yours sincerely,

Signature :

Name :

Designation :

Organisation :

Date :