



Application Form Postgraduate Studies

CINEC CAMPUS
and
Southampton SOLENT University



Please complete in blue ink or type

Affix a passport
size Photo in here
and submit an
additional photo
at the
registration

01. Proposed Programme Details

Title of the Programme

02. Personal Details

Title (*Rev/Mr/Ms/Capt*)

Surname/Family Name

First/Given Name(s)

Date of Birth

Gender M F

National ID/Passport Number

Permanent Address

Telephone

Email

03. Finance

Citizenship

Proposed Source/s of Finance
*(If it is not self-financing,
 Please provide the contact
 details of the financier)*

04. Special Needs

Please mark the relevant box indicating if you have any physical or other disability that might affect your studies or may require special support/facilities. *(The information provided may be used in making appropriate arrangements for support in your studies.)*

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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05. Academic Qualifications

Include only degree-level qualifications or equivalent qualifications
(Please include copies of certificates/attestations)

Name of the Institute	Degree (Qualifications)	Subjects Studied	Class or Honours	GPA	Award Date

06. Professional Qualifications

Please include copies of certificates/attestations. *(Continue on a separate sheet, if necessary.)*

Awarding Body	Qualification	Areas of Studies	Grade (if relevant)	Award Date

07. Work Experience (where relevant)

(Please continue on a separate sheet, if necessary)

Duration of Employment	Name of the Employer	Brief description of work and responsibility

08. English Language

(If ever any English language test is taken, please provide copies of certificates/attestations.)

Tests taken and their score

Date

09. Further Information

Please provide *(on a separate sheet)* any other relevant information to support your application. *(State the reasons for undertaking to do postgraduate studies and indicate if you have any previous research experiences.)*

10. References

Please provide names and contact details of two non-related referees.

Telephone

Fax

E-mail

Telephone

Fax

E-mail

11. Please indicate how you found out about the postgraduate programme for which you are applying.

Prospects	<input type="checkbox"/>	
Website	<input type="checkbox"/>	
Colleague/friend	<input type="checkbox"/>	
Advertisement (please state)	<input type="checkbox"/>	<input type="text"/>
Other (please state)	<input type="checkbox"/>	<input type="text"/>

12. Data Protection Act

The University (SSU) requires information on this form for education purposes and your personal data will be processed in accordance with the SSU's registration and current data protection rules.

13. Declaration

Have you been a member of any clandestine organisation? (If 'YES', please explain)

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Do you or have you ever taken clandestine drugs? (If 'YES', please explain)

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Have you ever been convicted for criminal misdemeanour? (If 'YES', please explain)

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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I confirm that the particulars given in this form are correct to the best of my knowledge and belief, and that, if admitted to CINEC and SOLENT, I shall abide by the Statutes, Ordinances and Regulations of thereof.

Applicant's Signature

Date

FOR OFFICE USE ONLY

Name of the Applicant	<input type="text"/>
Programme	<input type="text"/>
Year and Batch Number	<input type="text"/>

Received by	<input type="text"/>
Received on	<input type="text"/>
<i>Signature</i>	<input type="text"/>

Accept	<input type="text"/>
Reject	<input type="text"/>
Name of the HoD/Dean	<input type="text"/>
Date	<input type="text"/>
<i>Signature</i>	<input type="text"/>

Special Notes

REFERENCE FOR APPLICANT FOR POSTGRADUATE STUDY

(Please complete in blue ink or type)

PART A: TO BE COMPLETED BY THE APPLICANT

Applicant Details

Surname/Family Name

First/Given Name(s)

Proposed Programme Details

Title of the Programme

Code of the Programme

Proposed Start Date

PART B: TO BE COMPLETED BY THE REFEREE

Upon completion, this form must be forwarded to the Faculty of Management at CINEC (or hand it over to the candidate well sealed in the provided envelop).

The above-named has applied to this University for admission as a postgraduate student and has been asked to send a copy of this form to each referee. We would be grateful if you would give, in PART C overleaf, a general statement about the applicant's attitude and aptitude and competence for taught the programme and for research programme as stated above. *(Please answer the questions below.)*

(Any information that will be of assistance to the Admissions Tutor concerned will be welcomed and will be treated confidentially. Admission to postgraduate studies is highly competitive and great reliance is placed on referees' reports, which therefore should be as full as possible. We thank you in advance for your cooperation.)

Please supply the following details and complete PART C overleaf.

How long have you known the applicant?

Have you taught the applicant yourself and, if so, what subject and for how long and when?

If the applicant has not yet graduated, what class or grade of degree do you expect him/her to obtain?

Do you consider the applicant to have sufficient background knowledge of the subject proposed to proceed directly to independent research with guidance from an academic supervisor or would the applicant be better suited to a taught programme?

PART C: REFERENCE

Please give your written reference here or attach a statement on official headed paper. *(In any case, please sign at the bottom of this page.)*

Name of the referee

Official Position

Name of Institution and the full address

Signature

Date

Official Stamp

REFERENCE FOR APPLICANT FOR POSTGRADUATE STUDY*(Please complete in blue ink or type)***PART A: TO BE COMPLETED BY THE APPLICANT****Applicant Details**Surname/Family Name First/Given Name(s) **Proposed Programme Details**Title of the Programme Code of the Programme Proposed Start Date **PART B: TO BE COMPLETED BY THE REFEREE****Upon completion, this form must be forwarded to the Faculty of Commercial Sciences at CINEC (or hand it over to the candidate well sealed in the provided envelop).**

The above-named has applied to this University for admission as a postgraduate student and has been asked to send a copy of this form to each referee. We would be grateful if you would give, in PART C overleaf, a general statement about the applicant's attitude and aptitude and competence for taught the programme and for research programme as stated above. *(Please answer the questions below.)*

(Any information that will be of assistance to the Admissions Tutor concerned will be welcomed and will be treated confidentially. Admission to postgraduate studies is highly competitive and great reliance is placed on referees' reports, which therefore should be as full as possible. We thank you in advance for your cooperation.)

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Name of the referee

Official Position

Name of Institution and the full address

Signature

Date

Official Stamp

DOCUMENT CHECK LIST

When submitting the Application Form, please mark the checklist (see below) appropriately, and make sure that all relevant documents have been included.

Thank you.

Documents Check List

- Completed and duly signed Application Form
- Two passport size photo (35mm x 45mm)
- Copy of your certificate of birth
- Copy of your ID/Passport/CoC
- Two Copies of your degree transcripts
- Two confidential Letters of Reference

Please return to

Faculty of management, Humanities and Social Sciences
CINEC Campus
Millennium Drive, IT Park, Malabe CO 10115
Sri Lanka



**Department of Logistics and Transport
Faculty of Humanities, Management and Social Sciences**



**Registration Form
Postgraduate Students**

Manager, Department of Finances
CINEC Maritime Campus
Millennium Drive, IT Park, Malabe

Information of the prospective student

Name of the student	
Address	
ID/Passport Number	
Telephone Number	
Programme of study	
Programme Code	
Batch Number	18-01
Registration fee	USD 300

The student as above noted has been accepted to study for MSc/MBA/PhD in the subject as noted above and request, therefore, to register his him/her as a student according to information provided in here.

Thank you

Signature		<i>Official Stamp</i>
	Dr . Lalith Edirisinghe Associate Dean Faculty of Humanities, Management and Social Sciences	
Date/..... 201...	

Student Number	
Registration Number	
Signature of the Cashier	
Date	