

University of Colombo

Faculty of Education

Application for the Postgraduate Diploma in Education

English Medium (Weekend) Course – 2017/2018

1.0 Full Name :- Rev./Mr./Ms.....

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Name with initials

2.0 Private Address:-.....

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Phone No: MobileE-mail.....

Address for correspondence (If different from above)

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3.0 Bachelors Degree:

University: -

Year the Degree Awarded:

I certify that above particulars are true and correct.

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Date :-

Applicant's Signature

This form should be duly completed and returned to the Assistant Registrar, Faculty of Education, University of Colombo, Colombo 03 , by registered post to reach not later than 02/08/2017 along with a self addressed stamped two envelopes (9"x4" in size) to the value of Rs. 15/- and Rs. 40/- Please indicate the name of the course on the top left hand corner of the envelope bearing the application.