



DEPARTMENT OF BUILDING ECONOMICS
FACULTY OF ARCHITECTURE, UNIVERSITY OF MORATUWA
APPLICATION FOR POSTGRADUATE STUDIES

MSc / PG Diploma in Construction Law and Dispute Resolution

Please Fill the Application Form Typed (NOT Handwritten)

PERSONAL INFORMATION							
1. Title <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	2. Name in Full (BLOCK LETTERS):		4. Date of Birth				
			yyyy.	mm.	dd.		
	3. Name with Initials (BLOCK LETTERS):		5. Age				
			6. National Identity Card No				
7. Contact Details							
7(a) Home Address		7(b) Official Address			7(c) Contact Address		
					Tel:		
					Mobile:		
		Tel/Fax:			Email:		
Tel:		Email:			Email:		
PREVIOUS EDUCATIONAL QUALIFICATIONS (Please Attach Copies of Certificates and Academic Transcripts) Note: Academic Transcripts with the Effective Date of the Qualification is COMPULSORY							
8(a) University / Institute	8(b) Degree Name	8(c) Area of Specialization	8(d) Duration of Programme (1, 2, 3, 4, or 5 Years)	8(e) Effective Date of Graduation (As in the transcript)	8(f) Attendance (Full Time / Part Time)	8(g) Mode (Internal / Distance / Top-up)	8 (h) Class or Grade
PROFESSIONAL QUALIFICATIONS (Please Attach Copies of Certificates) Note: Copies of Certificates with Membership Effective / Award Date and If the Membership is Obtained through an Academic Route, Transcript is COMPULSORY							
9(a) Membership Category	9(b) Professional Institution	9(c) Membership Award Date	9(d) Field of Specialization	9(e) Membership Obtained Through an Academic Route Yes / No			

DETAILS OF RELEVANT EXPERIENCE AFTER THE EFFECTIVE DATE OF DEGREE OR PROFESSIONAL QUALIFICATION
(Starting from the Present) (Attach All Service Letters indicating Duration)

10(a) From (Month / Year)		10(b) To (Month / Year)		10(c) Company / Organization	10(d) Title / Position / Designation
Month	Year	Month	Year		

11. Are you registered for any other postgraduate course? ☐ Yes ☐ No
 If 'Yes', please give details:

REFEREES

Names and Contact Details of two Non-Related Referees. **Use the attached referee report form to provide two references from below mentioned referees under sealed envelope in support of your application.**

12(a) Name:

Designation:

Address:

Tel:

12(b) Name:

Designation:

Address:

Tel:

DECLARATION OF APPLICANT

I certify that the above information is true and correct to the best of my knowledge and I accept the decision of the admission board as final in the event my entry to the course is rejected. 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:

Signature of the Applicant:

DOCUMENTS

Please make sure that you submit the duly filled and signed application form including all supporting documents to the Department on or before the deadline. You can either send the documents through registered post or handover the same to the Department.

I declare that I have attached the following documents (Please tick the check box with 'X' and confirm)

- | | |
|--|--------------------------|
| Degree Certificates | <input type="checkbox"/> |
| Degree Academic Transcripts | <input type="checkbox"/> |
| Professional Qualification Certificates | <input type="checkbox"/> |
| Service/Appointment Letters from Employers | <input type="checkbox"/> |
| Employer's Consent Letter (If available) | <input type="checkbox"/> |
| National Identity Card | <input type="checkbox"/> |
| Application Processing Fee Receipt/Paying-in-voucher | <input type="checkbox"/> |

** The application processing fee of Rs. 3,000/- may be paid either to University Shroff or as a pay-in voucher obtainable at any Bank of Ceylon branch to the credit of "**University of Moratuwa**" Account No. **70993353**.

Clearly State 'Your Name', 'NIC Number' and 'MSc CL&DR' on the voucher.