Wayamba University of Sri Lanka

**Kuliyapitiya**

**APPLICATION FOR POSTGRADUATE STUDY LEAVE**

1. **Personal Information:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Name :   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Mr. |  | Ms. |  | Dr. |  | | | First Name : | | | | Middle Initial : | | | Surname : | | | | | |
|  | Designation : | | | | | | | | | | | | | | |
|  | Faculty : | | | | | | | | | | | | | | |
|  | Department : | | | | | | | | | | | | | | |
|  | Date of Birth : | Day: | |  |  | Month: | |  |  | | Year: |  |  |  |  |
|  | Date of the First  Appointment : | Day: | |  |  | Month: | |  |  | | Year: |  |  |  |  |
|  | No. of Years of Service: | Day: | |  |  | Month: | |  |  | | Year: |  |  |  |  |

1. **Details of the Postgraduate Programme:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | Degree Registered/Sought : | | |  | | --- | |  |   Ph.D. | | | | | |  | | --- | |  |   M.Phil. | | | | | | |  | | --- | |  |   M.Sc. | | | | |  | | --- | |  |   MBA | | | |  | | --- | |  |   Other |
|  | Type of the Study : | | |  | | --- | |  |   By Research | | | | | | | | | |  | | --- | |  |   Course Work | | | | | | | |  | | --- | |  |   Both | | |
|  | Enrolment Status : | | |  | | --- | |  |   Full-Time | | | | | | | | | | | | | | |  | | --- | |  |   Part-Time | | | | |
|  | Duration of the Degree :  (In Years) | |  | | | | | | | | | | | | | | | | | | |
|  | Field of Study : | |  | | | | | | | | | | | | | | | | | | |
|  | Title of the Research/Course Module List *[Please Annex 200 Word Description]* | |  | | | | | | | | | | | | | | | | | | |
|  | Meeting of the Requirements for Confirmation/Promotion : | | |  | | --- | |  |   Confirmation | | | | | | | |  | | --- | |  |   Promotion | | | | | | | |  | | --- | |  |   Both | | | |  | | --- | |  |   None | |
|  | Contact Information | Applicant : | Telephone | | | | | | | | | | | | | | Email | | | | |
|  |  |  | - |  | |  | |  |  |  | |  |  |  | | | | |
| Supervisor : |  |  |  | - |  | |  | |  |  |  | |  |  |  | | | | |
| Coordinator: |  |  |  | - |  | |  | |  |  |  | |  |  |  | | | | |
|  | Contact Details of the Place Where Research/Course Works are to be Carried Out | | Postal Address: | | | | | | | | | | | | | | | | | | |
| Telephone: | | | | | | | | | | | | | | | | | | |
| Email Address: | | | | | | | | | | | | | | | | | | |

1. **Details of the Award/Source of Funding :**

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| --- | --- | --- | --- |
|  | Title of the Award : **(**Fellowship/Scholarship/Training Programme etc.) | |  |
|  | Donor Agency : | |  |
|  | Procedure Adopted for Selection : | |  |
|  | Source of Funding | Self-Financed |  |
| Through ERD |  |
| Donor Direct |  |
| GOSL |  |
| From Project |  |
|  | If source of funding is from a project, please indicate the name of the project | |  |

1. **Period of Leave :**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 4.1 | Date of Commencement of Leave | Day | | Month | | Year | | | |
|  |  |  |  | 2 | 0 |  |  |
| 4.2 | Date of Completion of Leave |  |  |  |  | 2 | 0 |  |  |

1. **Brief Description of How Applicant Intends to Make Use of the Experience he/she Gains to Further his/her Academic Development, and also Benefit the University.**

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**Applicants Declaration:**

I Undersigned Certify that Details Provided are Accurate.

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|  |  |  |  | 2 | 0 |  |  |  |  |
| Day | | Month | | Year | | | |  | Signature of the Applicant |

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| **6.0** | **Recommendation of Head of the Department** | | | | | |
| Availability of Staff for Programmes During the Period of  Applicant’s Leave  Satisfactory Agreement to Cover Up the Applicant’s Involvement in  Teaching & Related Work  (iii) Completion of Requirements Regarding Examination and Other  Work  (iv) Proposed Degree is Relevant to the Specialty Required by the  Department    (v) Qualification Sought, Fulfills the Requirements for Confirmation  and/or any Promotion of the Applicant | | | |  | | --- | |  |   Yes   |  | | --- | |  |   Yes   |  | | --- | |  |   Yes   |  | | --- | |  |   Yes   |  | | --- | |  |   Yes | | |  | | --- | |  |   No   |  | | --- | |  |   No   |  | | --- | |  |   No   |  | | --- | |  |   No   |  | | --- | |  |   No |
| Leave is Recommended |  | Not Recommended | |  | |
| If Leave not Recommended and/or any other Comments, Please Specify | | | | | |

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| Day | | Month | | Year | | | |  | Signature of Head of the Department |

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| **7.0** | **Recommendation of the Faculty Research & Higher Degrees Committee (FRHDC)** | | | | |
| The Institute is : | Yes |  | No |  |
| UGC Recognized |
| Style of Offer | On-Site |  | On-Line |  |
| Relevant to Department/Faculty etc. | Yes |  | No |  |
| Any Comments : | | | | |

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| Day | | Month | | Year | | | |  | Signature of Chairman |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **8.0** | **Recommendation of Dean of the Faculty** | | | |
| Leave is Recommended |  | Not Recommended |  |
| If not Recommended, Please Give Reasons | | | | |

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| Day | | Month | | Year | | | |  | Signature of Dean |

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| **9.0** | | **Verification by the Academic Establishments Branch** | | | | | | | |
| Information Provided Above is  Verified Correct According to the Personal File   |  |  |  |  | | --- | --- | --- | --- | | Yes |  | No |  | | | | | | | | Name of the Subject Clerk: |
| Signature of the Subject Clerk: |
|  |  | |  |  |  |  |  |  | |  | | --- | |  | | Signature of the DR/SAR/AR (AE) | |
| Day | | | Month | | Year | | | |
|  | | |  | |  | | | |  |
|  |  | |  |  |  |  |  |  | |  | | --- | |  | | Signature of the Registrar | |
| Day | | | Month | | Year | | | |

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| **10.0** | **Recommendation of the Vice - Chancellor** | | | |
| Leave is Recommended |  | Not Recommended |  |
| If not Recommended, Please Give Reasons | | | | |

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| Day | | Month | | Year | | | |  | Signature of the Vice-Chancellor |