



POSTGRADUATE INSTITUTE OF SCIENCE (PGIS)
UNIVERSITY OF PERADENIYA

**Application for Admission to the M.Sc. Programme in
Science Education**

For Office Use Only

Please select (✓) one of the following areas of specialization.

- Biology Education**
 Chemistry Education
 Mathematics Education
 Physics Education

FULL NAME: (Mr./Miss/Mrs./) (Please write the surname in capitals)			
MAILING ADDRESS:		Phone: Fax: E-mail:	
HOME ADDRESS:		Phone:	
DATE AND PLACE OF BIRTH: CIVIL STATUS:..... SEX (M/F):		CITIZENSHIP: NATIONAL ID NO.:	
CURRENT EMPLOYMENT (If applicable): DESIGNATION & ADDRESS: NATURE OF DUTIES PERFORMED: YEARS OF SERVICE: NAME & DESIGNATION OF EMPLOYER:			
EDUCATIONAL QUALIFICATIONS (including postgraduate qualification/experience): Please attach photocopies of certificate/s.			
University/Institute	Degree/Diploma etc.	Year	Class/grade

RESEARCH PUBLICATIONS (If any):
(If necessary attach a separate sheet)

TEACHING AND OTHER PROFESSIONAL EXPERIENCE SINCE GRADUATION:

Period		School/Institute	Subjects Taught
From	To		

MODE OF PAYMENT OF PROGRAMME FEE:
From personal funds / By employer / Other (Specify)

NAMES AND ADDRESSES OF TWO ACADEMIC REFEREES :
(Preferably a School Principal/Director of Education/University Teacher)
Please arrange for reports to be sent before the deadline for receipt of completed applications, to: **Director, Postgraduate Institute of Science, P O Box 25, University of Peradeniya** (Relevant forms are annexed).

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I declare that the particulars given above are correct to the best of my knowledge and that I am currently **NOT** following any other postgraduate programmes in the University of Peradeniya or any other University/Institute.

Date: _____ Signature of Applicant:

Note: Students enrolled for a postgraduate programme at the PGIS should not register and follow any other postgraduate programme at the PGIS/University of Peradeniya or any other university/institute in Sri Lanka or overseas, until he/she complete the degree or cancel registration.

AVAILABILITY OF STUDY LEAVE (applicable to those who are employed):
State whether you are entitled to study leave for the period specified.

RECOMMENDATION OF THE HEAD OF THE INSTITUTION:

Mr./Ms. is a teacher/educator presently attached to my school/institute. He/she has been teaching (subject) for the last years.

If Mr./Miss/Mrs. is selected for the above programme he/she would be/ not be released on full/part-time basis.

.....
Signature of Head of the Institution/the School Principal

Name:

Designation.....

Date:.....

Official Stamp: