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:**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Degree Registered/Sought :  |

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Ph.D. |

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M.Phil. |

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M.Sc. |

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MBA |

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Other |
|  | Type of the Study : |

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|  |

By Research |

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Course Work |

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Both |
|  | Enrolment Status : |

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Full-Time |

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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 : |

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Confirmation |

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|  |

Promotion |

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Both |

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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 :**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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 inTeaching & Related Work (iii) Completion of Requirements Regarding Examination and Other  Work(iv) Proposed Degree is Relevant to the Specialty Required by theDepartment  (v) Qualification Sought, Fulfills the Requirements for Confirmation and/or any Promotion of the Applicant  |

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 Yes

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 Yes

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 Yes

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 Yes |

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 No

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 No |
| Leave is Recommended |  |  Not Recommended |  |
| If Leave not Recommended and/or any other Comments, Please Specify |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  | 2 | 0 |  |  |  |  |
| Day | Month | Year |  | Signature of Head of the Department |

|  |  |
| --- | --- |
| **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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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  | 2 | 0 |  |  |  |  |
| 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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|  |  |  |  | 2 | 0 |  |  |  |  |
| Day | Month | Year |  | Signature of Dean |

|  |  |
| --- | --- |
| **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:  |
|  |  |  |  |  |  |  |  |

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|  |
| Signature of the DR/SAR/AR (AE) |

 |
| Day | Month | Year |
|  |  |  |  |
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|  |
| 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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|  |  |  |  | 2 | 0 |  |  |  |  |
| Day | Month | Year |  | Signature of the Vice-Chancellor |