



- Admissions Office
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Application for Undergraduate Studies

Please return to:

Admission Office,
Colombo School of Construction Technology
No 128, Pagoda Road
Pitakotte, Sri Lanka

Applicant Number
(for office use only).

T +94 11 406 1263
bsc@csct.edu.lk
www.csct.edu.lk

Please complete in BLOCK / TYPED LETTERS.
This form will be photocopied.

1. Title: Mr/Mrs/ Miss/Ms/ Dr	2. First name(s)*:	3. Middle name(s)*:	4. Last name(s)/Surname*:	5. Gender: M / F
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*Your name should appear as per your passport or Birth certificate(English Translation)

6a. Postal address for correspondence: Country: _____ Postal Code : _____ E-mail address: _____ Telephone number: _____	6b. Permanent home address (if different from correspondence): Country: _____ Postal Code: _____ E-mail address: _____ Telephone number: _____
7. Date of birth (DD/MM/YYYY):	8. Country of birth:
9. Nationality:	10. Disability/ Special needs (including dyslexia/ medical conditions):

11. Title of proposed programme of study: 1. _____
2. _____
3. _____

12. Proposed entry date: September January Year

13. Year of entry: Year 1 Year 2 Final Year

14. Mode of Study:
 Full-Time

15. University/ College/ Secondary Schools attended and qualifications obtained or taken. Continue on a separate sheet if necessary. (Please attach an official transcript of your qualifications)

From (Month/ Year)	To (Month/ Year)	University/ College attended	Qualifications/ Grades obtained if course completed (in case of degree or diploma give class and division)

16. English Language:

Is English your first language?

Yes (Go to question 18)

No (Go to question 17)

17. You have indicated that English is not your first language, therefore you must provide evidence that you have met the university's English Language Entry Requirements or details of courses yet to be completed.

Awarding organisation

Award / Course title

Results (including grade)

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Date of award or expected award:

(Month/ Year):

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Please attach copies of all certificates.

18. Present employment with brief description of duties (including name and address of present/ most recent employer). If you prefer you may also attach a Curriculum Vitae to this application.

From:

To:

Job Title:

Brief details of main duties:

19. Previous employment (if any). (Continue on a separate sheet if necessary).

Dates	Name and address of employer	Position held

20. Referees. Please indicate two people, one of whom should be able to comment on your ability to study at university. The other ideally should be a present/ most recent employer. Please pass the attached reference forms on to these referees.

Name:

Position:

Address:

Tel:

E-mail:

Name:

Position:

Address:

Tel:

E-mail:

21. Further information. Candidates are invited to include here relevant information for which no provision is made elsewhere on this form. Alternatively you may attach a Personal Statement to this application.

22. **Enclosures:** (please list)

23. **Finance.** How will your studies and maintenance be financed?

Self/ Family Government Research Council Employer Other

If other, please specify: _____

Contact details (if NOT financed by Self/ Family):

Name: _____ E-mail Address: _____
Address: _____ Company/ organisation: _____
Telephone number: _____ Fax number: _____
Postal code: _____
Country: _____

24. Do you have any criminal convictions? Yes No

25. **Application Checklist.** Please complete before submitting the application.

Completed BSc application HND Certificate and Transcript (Year 2 / Final Year entry)
 Original O/L Certificate copy / IELTS Birth Certificate (English Translation) / Passport
 Original A/L Certificate copy (for Year 1 entry) Passport size photo

26. **Declaration.**

I confirm that, to the best of my knowledge, the information given in this form is true, complete and accurate and no information requested or other material information has been omitted. I give my consent to the processing of my data by University of Salford. I understand that any offer of a place on the above programme is subject to my acceptance of the University's terms and conditions. I accept that if I do not fully comply with these requirements, the CSCT Campus / University of Salford reserves the right to cancel my application and I shall have no claim against the University of Salford in relation to this application.

I consent to the CSCT Campus / University of Salford recording and processing information about my race and ethnic origin, and my physical and mental health, for the purpose of statistical surveys only and within the provisions of the Data Protection Act 1998.

Signed: _____ Date: _____

Send your completed application form to the Admissions Office (address given on the front of this form). Please ensure that the forms you send out for references are also returned to this address.

CSCT Campus / University of Salford