



**UNDERGRADUATE APPLICATION FORM**

Please complete and return this form to:

Study World Lanka Campus  
No 282/1, Highlevel Road.  
Nugegoda Sri Lanka

**PLEASE COMPLETE CLEARLY IN BLOCK CAPITALS**

Passport-size  
Photograph  
(please affix here)

<i>For Office Use Only</i>		
Student CB No:	Course Code:	File No.
<input type="text"/>	<input type="text"/>	<input type="text"/>

**PART A: PERSONAL DETAILS**

Title: Mr  Ms  Gender: Male  Female

Full Name: (as per NIC/Passport)

NIC No: <input type="text"/>	Passport No: <input type="text"/>	Nationality: <input type="text"/>
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Date of Birth: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> d d m m y y y y	Religion: <input type="text"/>	Race: <input type="text"/>
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Permanent Address:

City: <input type="text"/>	District: <input type="text"/>	Province: <input type="text"/>
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Telephone: Res: <input type="text"/> Mob: <input type="text"/>	E-mail: <input type="text"/>
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Address for Correspondence:

Employment Details: (For part-time students only)

Official Address:

Designation: <input type="text"/>	Telephone: Office: <input type="text"/>	E-mail: <input type="text"/>
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**PART B: PARENT/GUARDIAN INFORMATION:**

Title: Mr  Ms  Other \_\_\_\_\_

Name:

Official Address: (If employed; please indicate designation)

Telephone:

Res: \_\_\_\_\_ Mobile: \_\_\_\_\_ Office: \_\_\_\_\_

Family Income (Monthly)

< Rs.. 50,000/-  Rs.. 50,000/- - 100,000/-  > Rs.. 100,000/-

**PART C: PERSON TO BE CONTACTED IN CASE OF EMERGENCY:**

Title: Mr  Ms  Other \_\_\_\_\_

Name:

Relationship to Student:

Telephone:

Res: \_\_\_\_\_ Mobile: \_\_\_\_\_ Office: \_\_\_\_\_

**PART D: COURSE APPLIED FOR:**

Course Title:

Scheduled Date of Commencement:

d d m m y y y y

Mode of study:

Full-time  Part-time

Level of Entry:

L0  L1  L2  L3

**PAYMENT SCHEME:**

Full Payment Up Front  Semester Payment  Monthly Payment

**PART E: ACADEMIC BACKGROUND**

**G C E O/Level:** Local  London  Other: \_\_\_\_\_

School Attended: \_\_\_\_\_

Index No: \_\_\_\_\_ Year:  Medium: \_\_\_\_\_

Subject:	Result:	Subject:	Result:
English Language	<input type="checkbox"/>	Mathematics	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>

**G C E A/Level:** Local  London  Other: \_\_\_\_\_

School Attended: \_\_\_\_\_

Index No: \_\_\_\_\_ Z-score: \_\_\_\_\_ Year:  Medium: \_\_\_\_\_

Subject:	Result:	Subject:	Result:
<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>

**PART F: CONDITIONS OF ENROLMENT**

- 1 Fees for the study programme are as set out in the payment agreement Guide. Fees must be paid on or before the due date.
- 2 Students must abide by all academic administration and examination rules and regulations and policies of SWLC.
- 3 Some of the information collected above are for statistical purposes only. However, SWLC reserves the right to use appropriate personal information in order to carry out its responsibilities in your personal and/or academic interest as a student of SWLC. The scope of usage of this information may include the publishing of examination results or award of a prize.

**PART G: DECLARATION**

- 1 I declare that all the particulars provided in this form are complete and correct.
- 2 I undertake to pay all fees by the due date and to pay the administrative charge for late payments (late payment fee) where necessary as stipulated in the payment agreement.
- 3 I understand that I will not be permitted to use SWLC facilities if payments are not made on the due date and that my studentship/ student status is subject to cancellation if the payment of fees is delayed by eight (8) weeks.
- 4 I have read and understood SWLC refund policy which is stated in the payment agreement.
- 5 I agree to abide by SWLC Professional Code of Conduct as stated in the Student Handbook.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**FOR OFFICE USE ONLY:**

**PAYMENT DETAILS**

1 Registration fee

2 Course fee

3 Library deposit (refundable)

4 Exemption fee

Total fees paid on registration

**OTHER**

Exemption application

Special approval

SIS

CB No. \_\_\_\_\_

Sibling discount / Refund Fee

Conditional offer

**DOCUMENTS SUBMITTED**

G C E O/L Certificate

NIC/Passport copy

G C E A/L Certificate

3 Photographs

**SPECIAL APPROVAL (WHERE APPLICABLE)**

Date:

Authorised Signatory:

Registration recommended:

Signature:

Date:

Time:

Payments accepted:

Signature:

Date:

Time:

LMS Updated:

Signature:

Date:

Time: