

Application No	
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**Undergraduates Soft Skills Development Program
Career Guidance Unit - University of Kelaniya**

Proposed Project Name					
Department / Unit/ centre					
Faculty					
Objectives of the Programme/ Expected Learning outcome				
				
				
				
				
Expected number of participants	Year 1	Year 2	Year 3	Year 4	Total
Methodology / Delivery Method/s of the Program				
				
				
				
				
Venue					
Date/s and Time					
Total Estimated Budget <i>(Detail Budget Should be attached to this application form)</i>					
Submission of Progress Report of Previous Program	Application Number of the Programme: -----				
	Name of the Programme: -----				

	Date of Completion: -----				
	Date of Submission of the progress Report :-----				
Signature of the Program Coordinator of the Dept./ Unit/ Centre	_____ Head of Department/ Unit Head / Director of the Centre			_____ Dean of the Faculty	

Recommendation of the Career Guidance Unit	Recommended / Not Recommended Reason: ----- ----- ----- ----- Signature and Date			
Approval of the Vice Chancellor: Approved / Not Approved ----- Signature and Date				
Office Use Only				
Number of the Previous Program:				
Submission of Progress Report of the previous program: Yes / No				
Date of Completion of Program: : -----				
Date of Submission of the Report: -----				
Detail Proposal	Yes		No	
Budget	Yes		No	