

University of Kelaniya

EXCHANGE PROGRAMME

STUDENT APPLICATION FORM

Name	First Name		Last Name					
*Please write								
exactly as shown								
in your passport								
								Photo
Date of Birth	Day	Month	Year	Gender	Male			
					Fema	le		
Nationality				Country of				
				Citizenship				
Passport				Date of			Date of	
number				Issue			Expiry	
Current	Address							
Address	Phone:							
	e-mail:							
Permanent	Name					R	elationship:	
Address	Address							
(Emergency								
Contact)	Phone:							
Duration of	*How long w UOK)	ill you be stu	dying at Univ	versity of Kelaniya	?(Please o	heck the	semester(s) you	will be attending at the
Study	Semester 01	From ;M	larcht	o August	Semest 02	er	From August	to March
Faculty	01				02			
Department or	01				02			
Field of								
Interest								
Home	Name of the	2						
University	University/Institute							
	Name of the	e College						
	& Faculty Name of the							
	Department							
	Student ID I							
Accommodation	*would you l	*would you like to assist with accommodation? (Yes/ No)						

I certify that statement I have made in this application are complete and true to the best of my ability.

Signature of the Applicant _____

Date _____



University of Kelaniya

English Language Requirement Form for Exchange Students

					
This Form					
- must singed by the student and the responsible person at the partner university					
- to be enclosed to the application form to become an exchange student.					
A good standards of English is requir	ed to become an exchange student at the University of Kelaniya because				
teaching typically involves student	participation, class discussion, and project work and student present				
actions. It means that you must ha	ave a command of the English language equivalent of the IELTS score				
	/e ask you and your home University to document your English skills				
	t from which in words describes the required English level.				
	sh, your English skills must as a minimum compare to the below				
description : You must:	,, ,				
	l and academic topics presented in English orally and in writing				
_	abulary which enables you to participate in conversations and discussions				
in English	, ,				
	or contents and viewpoints in different types of English texts				
	wpoints in English both oral and writing				
-	tailed , coherent oral and written account of a known topic in fluent and				
primarily correct En					
To be signed by the student:					
I hereby Confirm that: 🔲 I have	e the above described English skills.				
	not have the above described English skills				
Name of the student:	5				
Name of the student:					
Date:	Signature:				
	•				
To be signed by the University:					
We hereby confirm that:					
Our student has the above described English skills.					
Our student does NOT have the above described English skills					
Name of signatory					
Title of signatory					
Email of signatory					
Name of partner institution					
Date:	Signature:				
Stamp	Signature.				
Stamp					

CERTIFICATE OF HEALTH

(To be completed by an examining physician)

Note: All items in the form must be completed. Incomplete form will not be accepted.

Please fill out in English block letters

			ale male
Name: Family name	First name	Middle name	
Date of Birth://	_	Age:	
(dd / mm / yyyy) 1. Are you under medical tre	atment?		
No Yes (Conditions? Partic	ulars:)

2. Medical history: Please check No / Yes and fill in the date of recovery.

	No	Yes	dd/mm/yy		No	Yes	dd/mm/yy
Tuberculosis				Malaria			
Other communicable				Epilepsy			
disease							
Kidney disease				Heart disease			
Diabetes				Drug allergy			
Psychosis				Functional disorder			
				in extremities			

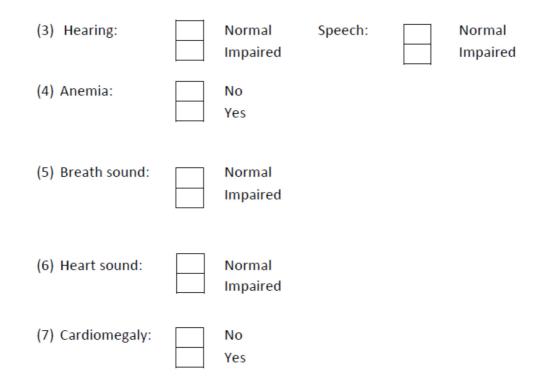
- 3. Physical examination
 - (1) Height: _____ cm

Weight: _____ kg

(2) Blood pressure: _____ mmHg

Pu	se:

Regular Irregular



4. Please describe the result of X-ray examination of the applicant's chest. The examination date and Film No. are exclusively needed. (X-ray taken more than 2months prior to this examination are NOT valid)

Lungs:	Normal		
	Impaired		
Date:/	/	Age:	
(dd/n	nm /yyyy)		
File No			

Describe the condition of the applicant's lungs.

(5) In view of applicant's medical history and the above findings, do you think that his/her health status is adequate to meet the demands of studies in Sri Lanka?

(6) Particulars or additional comments:

University of Kelaniya – Student Exchange Program

Application Package

(Use this sheet as a cover for application)

Date	: .	 -
Home University	: .	
Name of Applicant	t: .	

This application should be sent as a complete package captaining all of the following documents:

List

- 1. Duly filled application form
- 2. Reason for application
- 3. Proposed Study Programme / Plan
- 4. Certificate of health
- 5. Copy of the proof of language proficiency
- 6. Application for certificate of eligibility
- 7. Letter of recommendation
- 8. Certificate of student registration form from home institute
- 9. Academic transcript
- 10. ID pictures (40mm x 30mm) 02 copies
- 11. Copy of passport (page of your face)

This application package should be sent to the following address through the office responsible for student exchange at the applicant's home university.

Prof. Neelakshi C. Premawardhena Director, Centre for International Affairs University of Kelaniya Kelaniya 11600 Sri Lanka