



# University of Kelaniya

## EXCHANGE PROGRAMME

### STUDENT APPLICATION FORM

<b>Name</b> *Please write exactly as shown in your passport	<b>First Name</b>			<b>Last Name</b>			<b>Photo</b>
<b>Date of Birth</b>	Day	Month	Year	<b>Gender</b>	Male		
					Female		
<b>Nationality</b>				<b>Country of Citizenship</b>			
<b>Passport number</b>				<b>Date of Issue</b>		<b>Date of Expiry</b>	
<b>Current Address</b>	<b>Address</b>						
	<b>Phone:</b>						
	<b>e-mail:</b>						
<b>Permanent Address (Emergency Contact)</b>	<b>Name</b>					<b>Relationship:</b>	
	<b>Address</b>						
	<b>Phone:</b>						
<b>Duration of Study</b>	*How long will you be studying at University of Kelaniya?(Please check the semester(s) you will be attending at the UOK)						
	Semester 01	From ;March___ to August___			Semester 02	From August ___ to March___	
<b>Faculty</b>							
<b>Department or Field of Interest</b>	01				02		
<b>Home University</b>	<b>Name of the University/Institute</b>						
	<b>Name of the College &amp; Faculty</b>						
	<b>Name of the Department</b>						
	<b>Student ID Number</b>						
<b>Accommodation</b>	* 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

<p>This Form</p> <ul style="list-style-type: none"> <li>- must signed by the student and the responsible person at the partner university</li> <li>- to be enclosed to the application form to become an exchange student.</li> </ul>	
<p>A good standards of English is required 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 have a command of the English language equivalent of the IELTS score of 6.5 or the TOEFL score of 88. We ask you and your home University to document your English skills through this language requirement from which in words describes the required English level.</p>	
<p>To follow this courses offered in English, your English skills must as a minimum compare to the below description : You must:</p> <ul style="list-style-type: none"> <li>• Understand general and academic topics presented in English orally and in writing</li> <li>• Master a varied vocabulary which enables you to participate in conversations and discussions in English</li> <li>• Be able to account for contents and viewpoints in different types of English texts</li> <li>• Articulate yours viewpoints in English both oral and writing</li> <li>• Be able to give a detailed , coherent oral and written account of a known topic in fluent and primarily correct English</li> </ul>	
<p><b>To be signed by the student:</b></p>	
<p>I hereby Confirm that: <input type="checkbox"/> I have the above described English skills.  <input type="checkbox"/> I do not have the above described English skills</p>	
<p>Name of the student:</p>	
Date:	Signature:
<p><b>To be signed by the University:</b></p>	
<p>We hereby confirm that: <input type="checkbox"/> Our student has the above described English skills.  <input type="checkbox"/> Our student does NOT have the above described English skills</p>	
Name of signatory	
Title of signatory	
Email of signatory	
Name of partner institution	
Date:	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

<input type="checkbox"/>	Male
<input type="checkbox"/>	Female

Name: \_\_\_\_\_  
Family name First name Middle name

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_  
(dd / mm / yyyy)

1. Are you under medical treatment?

<input type="checkbox"/>	No
<input type="checkbox"/>	Yes (Conditions? Particulars: _____)

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 disease				Epilepsy			
Kidney disease				Heart disease			
Diabetes				Drug allergy			
Psychosis				Functional disorder in extremities			

3. Physical examination

(1) Height: \_\_\_\_\_ cm Weight: \_\_\_\_\_ kg

(2) Blood pressure: \_\_\_\_\_ mmHg Pulse: 

<input type="checkbox"/>	Regular
<input type="checkbox"/>	Irregular

(3) Hearing:	<input type="checkbox"/>	Normal	Speech:	<input type="checkbox"/>	Normal
	<input type="checkbox"/>	Impaired		<input type="checkbox"/>	Impaired
(4) Anemia:	<input type="checkbox"/>	No			
	<input type="checkbox"/>	Yes			
(5) Breath sound:	<input type="checkbox"/>	Normal			
	<input type="checkbox"/>	Impaired			
(6) Heart sound:	<input type="checkbox"/>	Normal			
	<input type="checkbox"/>	Impaired			
(7) Cardiomegaly:	<input type="checkbox"/>	No			
	<input type="checkbox"/>	Yes			

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/mm/yyyy)

File No. \_\_\_\_\_

Describe the condition of the applicant's lungs.

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(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?

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(6) Particulars or additional comments:

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# **University of Kelaniya – Student Exchange Program**

## **Application Package**

(Use this sheet as a cover for application)

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

**Home University** : \_\_\_\_\_

**Name of Applicant** : \_\_\_\_\_

This application should be sent as a complete package capturing 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