



University of Kelaniya, Sri Lanka

FREEMOVER PROGRAMME

STUDENT APPLICATION FORM

Name *please write exactly as shown in your passport	First Name/s			Last Name			Photo
Date of Birth	Day	Month	Year	Gender	Male		
					Female		
Nationality				Country of Citizenship			
Passport number				Date of Issue		Date of Expiry	
Current Address	Address						
	Phone:						
	e-mail:						
Permanent Address (Emergency Contact)	Name					Relationship:	
	Address						
	Phone:						
Duration of Study	*How long will you be studying at University of Kelaniya? (Please check the semester(s) you will be attending at the UOK)						
	Semester 02	From January _____ to June _____			Semester 01	From August ____ to January ____	
Faculty							
Department or Field of Interest	01				02		
Home University	Name of the University/ Institute						
	Name of the Faculty						
	Name of the Department						
	Student ID Number						
Accommodation	*would you like assistance 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 be signed by the student and the responsible person at the student's home university - To be attached to the application form	
A good standard of English is required to become a student at the University of Kelaniya because teaching typically involves student participation, class discussion, and project work and student presentations actions. It means that you must have a command of the English language equivalent to B1 of CEFR (Common European Framework of Reference)	
To follow this courses offered in English, your English skills must as a minimum compare to the below description : You must: <ul style="list-style-type: none">• Understand general and academic topics presented in English orally and in writing• Master a varied vocabulary which enables you to participate in conversations and discussions in English• Be able to account for contents and viewpoints in different types of English texts• Articulate yours viewpoints in English both oral and writing• Be able to give a detailed, coherent oral and written account of a known topic in fluent and primarily correct English	
To be signed by the student:	
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.	
Name of the student:	
Date:	Signature:
To be signed by the University:	
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.	
Name of signatory	
Title of signatory	
Email of signatory	
Name of the University	
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

	Male
	Female

Name: _____

Family name
First name
Middle name

Date of Birth: ____ / ____ / ____ Age: ____
 (dd / mm / yyyy)

1. Are you under medical treatment?

	No
	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:

 Regular
Irregular

(3) Hearing: Normal Speech: Normal
 Impaired Impaired

(4) Anemia: No
 Yes

(5) Breath sound: Normal
 Impaired

(6) Heart sound: Normal
 Impaired

(7) Cardiomegaly: No
 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 2 months 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.

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. Particular or additional comments:

University of Kelaniya – Freemover 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. Certificate of student registration form home institute
7. Academic transcript
8. Digital passport size photo
9. Clear scanned image of passport bio page

This application package should be sent to the following email address by the applicant.

Senior Professor Neelakshi C. Premawardhena
Director, Centre for International Affairs
neelakshi@kln.ac.lk
Cc to: cinta@kln.ac.lk