



Faculty of Graduate Studies
University of the Visual and Performing Arts

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Short Course on Research in Visual and Performing Arts

Application Form

Name in Full (in block letters).....

Name with initials:.....

Title (Mr./MS/Rev):..... Gender: Female Male

Date of Birth:.....

Citizenship:..... ID/Passport Number.....

Telephone..... Email:.....

Permanent Address.....

Employment & Official Address:.....

Details of Degrees/Diplomas obtained (Copies of the certificates should be attached):

Degree/Diploma/Professional	University	Year	Subject	GPA & Class

If you have already registered in other programs offered by the Faculty;

Name of the Program:..... Registration No:.....

I certify that the above information is true and correct.

Date

.....
 Signature of the Applicant