

Application Form
Visiting Research Student



THE OPEN UNIVERSITY
OF SRI LANKA

For office use only	Student Reg. No.:
Degree related to the research: PhD. <input type="checkbox"/> M.Phil <input type="checkbox"/> Masters <input type="checkbox"/> Postgraduate <input type="checkbox"/>	
Other:	

SECTION A - TO BE COMPLETED BY STUDENT

1. Personal Details

Surname/Family Name			
First Name			
Middle Name (s)			
Date of Birth		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Telephone Number		Mobile Number	
Email Address		Passport Number	
Nationality		Country of Birth	
Country of Permanent Residence			

2. Study Details of Current Programme

Name and Address of Home University			
Subject Area of Research			
Project Title or Description (if known)			
Level of Study	Undergraduate <input type="checkbox"/>	Postgraduate Research (M.Phil) <input type="checkbox"/>	
	Postgraduate Taught (Master) <input type="checkbox"/>	Postgraduate Research (Doctoral) <input type="checkbox"/>	
Proposed Commencement and End Dates	Start Date		End Date
Are You Participating in Any Exchange Programme (e.g.MOU)	If yes please provide details:		Self-Funded <input type="checkbox"/>

2.1 Academic Qualification

Name of the Institute	Period of Study		Major Subjects	Degree Awarded	Class Awarded	Date Awarded
	From	To				

3. Professional Qualifications

Name of the Institute /organization	Qualification Obtained	Date Awarded

4. Supporting Documents

You will need to provide the following supporting documents:

- i. A formal letter of request addressed to the Vice-Chancellor of the Open University of Sri Lanka through the home university, requesting to enroll as a Visiting Research Student.
- ii. A reference of support from your supervisor at your home University, which confirms your enrolment on your current degree programme and satisfactory progress on this degree programme.
- iii. Copy of the passport
- iv. Copies of tertiary educational certificates

Note: Application will not be able to be progressed without this supporting document.

Contact Details of Your Supervisor at Your Home University	Name	
	Name	
	Title	
	Email	
	Tel. No.	
Contact Details of Your Proposed Supervisor at the Open University of Sri Lanka	Name	
	Title	
	Email	
	Tel. No.	

SECTION B - FOR FACULTY USE ONLY:

PART 1: To be completed by the Supervisor		
Project Title and Project Description		
Name of the Supervisor		
Department		
Faculty		
Consent of Supervisor	I <i>agree / disagree</i> to supervise the research work	
Signature		Date

Please tick the boxes below to indicate your agreement. Please note that the University cannot process your application unless you have indicated your agreement to these conditions.

Declaration

By submitting this application, I declare that the information I have provided is accurate and no material information has been omitted. While I am studying at the Open University of Sri Lanka, I agree to abide by the University's rules and regulations, including those regarding academic integrity, personal conduct and behavior.

Yes

Signature:	Date:

PART 2: Recommendation		
Head of the Department	Name	
	Signature	
	Date	
Dean of the Faculty	Name	
	Signature	
	Date	

PART 3: Recommendation of the Faculty Research Committee	
Date	
Signature (Chairman/ Faculty Research Committee)	

PART 4: To be completed by the International Relations Unit (IRU)		
Is the student a <i>Visiting Research student</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has the student provide the correct supporting document?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Note: Duly perfected Application Form to be sent to the International Relations Unit (IRU) of the Open University of Sri Lanka via email ird@ou.ac.lk . Incomplete application forms will be rejected.