

For office use only

Application No.:
2025/

FACULTY OF MANAGEMENT & FINANCE UNIVERSITY OF COLOMBO

Application for EDBA Programme (2025/26)

Instructions to Applicants

All relevant information for this application must be provided fully and accurately. Incomplete applications will be rejected and curriculum vitae or any other details in place of qualifications and work experience will not be accepted.

Use extra papers, if necessary, to give more information. Attach service certificates from employers or adequate proof of experience.

Use Block L Name with	•		
Contact Deta	ails:		
Address		Residential	Business
Telephone			
	Mobile		
E – mail			
	WOONG		

2. ACADEMIC QULIFICATIONS	(Please attac h photocopies of relevant certificates)
---------------------------	-------------------------------------------------------

Qualification	School/ Institute	Period of Study	Main Specialization	Grade Obtained	Month & Year
Degree/ Diploma					
A/L					
O/L					

3. PROFESSIONAL QUALIFICATIONS	(Please attac h photocopies of re	elevant certificates)
--------------------------------	-----------------------------------	-----------------------

Institute	Period of Study	Field of study/ Training	Qualification	Month & Year

4. WORK EXPERIENCE (Attach photocopies of service certificates and/or evidence for Managerial, Entrepreneurial, Consultancy experiences)

Organization		Period of Study		
	From	То	No. of years	

(a). Nature of Work Responsibilities related to current employment:

5 I	anguago Profi	cioney (Give evidence	of proof on sufficiency of	your knowledge of English to
				your knowledge or Eligish to
ı	undertake the Ex	recutive Diploma Progr	amme)	
			•	
				• • • • • • • • • • • • • • • • • • • •

6. Mode d	of Financing
	Private Sponsored Undecided
(a)	If sponsored, by whom?
(En	ons for Applying umerate briefly and as possible, your reasons for wishing to enroll in a Diploma gramme of study at the Faculty of Management & Finance, University of Colombo)
	ther information including your personal/ca reer interests which you feel may eful to the Admission Board in the evaluation of your application
Lanka my kr	orepared to abide by the rules and regulations of the University of Colombo, Sri a. I certify that the above particulars given by me are true and accurate to the best on howledge and I am aware that misrepresentation in the application will cause ion of my application or the cancellation of my registration even after the selection.
Date	e: Signature of Applicant:

Duly completed application form to be returned to:
Coordinator/ EDBA Programme
Postgraduate & Mid-Career Development Unit
Faculty of Management and Finance
University of Colombo Sri Lanka.

Tel: +94 11 2596030

For official use only	
Academic Qualifications:	
Professional Qualifications:	
Other Qualifications:	
Work Experience:	
Qualified for the Program() or not (X):	
Recommendation of the Selection Committee:	
Remarks:	
Checked by:	
Signature:	
Date:	