

IMSL BUSINESS ACADEMY

APPLICATION FORM

PLEASE WRITE CLEARLY IN BLACK INK USING CAPITAL LETTERS IN ENGLISH

Section A: Personal details																	
Family N	ame																
Given Name																	
Date of Birth				D	М	М	Υ	Υ			N	1ale		Female			
National ID/Passport No.																	
Address																	
Telephone									Mobile								
Email																	
Section B: Course Preferences																	
P	Program Name													Year of Intake			
1																	
2																	
Section C: Academic Qualifications Secondary studies (high school studies – Year 12)																	
Name of Qualification																	
Institution																	
Date Con	nmen	iced		D	D	М	М	Υ	Υ	Compl	leted	D	D	М	М	Υ	Υ
Postseco	onda	ry stu	dies. F	lease	list you	ur MOS	ST REC	ENT qι	ualifica	tion fir	st						
Name of Qualification																	
Institution																	
Date Con	nmen	iced		D	D	М	М	Υ	Υ	Comp	leted	D	D	М	М	Υ	Y

Name of Qualificat	ion														
Institution															
Date Commenced		D	D	М	М	Υ	Υ	Comp	leted	D	D	М	М	Υ	Υ
Name of Qualification															
Institution															
Date Commenced		D	D	М	М	Υ	Υ	Comp	leted	D	D	М	М	Υ	Υ
Section D: Required Documentation Certified copies of academic qualifications must be attached to this application, including academic transcripts, graduation certificates and grading systems. If the course you have applied for requires work experience please provide a translated and certified copy of your curriculum vitae along with work reference letters issued by your employer(s).															
Section E: Declaration I warrant that the information on this form, or provided in support of my application, is correct, complete and up to date in every detail. I acknowledge that the provision of incorrect information or the withholding of relevant information relating to my application, including academic transcript/s, might invalidate my application and that the IMSL may refuse to assess my application, withdraw an offer of a place or cancel my enrolment in consequence. Should the IMSL determine that I have submitted a false document, I consent to the IMSL disclosing this information to other relevant tertiary institutions. I am aware of the estimated total course fees at IMSL. I understand that the total course fees do not cover the cost of books, materials, field trips or any additional cost related to my course, unless otherwise specified. I agree to abide by the rules, bylaws, regulations and policies of IMSL. I have read and understood the above conditions and accept them in full.															
Student Signatur		Date	D	D	М	М	Υ	Υ							
Section F: Parent / Guardian Contact Details Name of parent/guardian															
Telephone				Mobile											
Email															
Parent/Guardian		Date	D	D	М	М	Υ	Y							

Send your application to:

Manager Administration, IMSL Business Academy, Institute of Management of Sri Lanka, 2nd Floor, Vidya Mandiraya,□

No: 120/10, Vidya Mawatha, Off Wijerama Mawatha, Colombo 07, Sri Lanka.

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