

Passport No.

ST. BENEDICT'S UNI CAMPUS

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+94 71 055 3295



STUDENT	TENROLLMENT FORM Passport Size Photograph
Regd. NO.	Batch NO.
PART ONE	
1. COURSE APPLIED FOR	
Course Name	
2. PERSONAL DETAILS	
Full Name (Write clearly)	
Family/ Last Name	Given/ First Name(S)
Gender and Date of Birth	Male Female Day Month Year
Permanent Address	
Contact Address	
Contact Numbers	Residence Mobile 1
	WhatsApp 2
	Alternative Contact No. (For Emergency)
Email	
National Identity Card No.	

3. QUALIFICATIONS (GENERAL) Year: Year: **GCE Ordinary Level ATTEMPT ONE ATTEMPT TWO SUBJECTS SUBJECTS GRADES GRADES** Local Maths Maths Edexcel/ Person English English Science Science Sinhala/ Tamil Cambridge **English** Other Specify **GCE Advanced Level** Year: Year: **ATTEMPT ONE ATTEMPT TWO** Local **SUBJECTS GRADES SUBJECTS GRADES** Edexcel/ Person Sinhala / Tamil Cambridge English English English Common General Test Common General Test Other Specify 4. School Attendance 2. 5. Other qualification Exam Year of Exam **Awarding Body Overall Grade** 6. EMPLOYMENT (IF ANY) Name of Employer **Position** From To

1. PERSONAL STATEMENT

Briefly in bullet form is ok. Those who want to be more comprehensive are free to do it in a separate sheet and attach

Reasons for selecting the cour	se			
Special Interests				
Career Aspirations				
Any other relevant information	n			
(You may also mention here if you any disability - congenital or other	have wise			
The state of the s	FC-10-16			
2				
2 WILL WILL BE BAVING VOL	R TUITION FFF?			
2. WHO WILL BE PAYING YOU	N TOTTION I EE.			
Self Parents Oth	ner (Specify)			
Self Parents Oth	ner (Specify)			
Self Parents Oth Name: Address: Residence:	ner (Specify)			
Self Parents Oth	ner (Specify)			
Self Parents Oth Name: Address: Residence: Official:	ner (Specify)			
Self Parents Oth Name: Address: Residence:	ner (Specify)	Office:	Mobile:	
Self Parents Oth Name: Address: Residence: Official: Occupation:	Mr. / Mrs.		Mobile:	
Self Parents Oth Name: Address: Residence: Official: Occupation: Contact No:	Mr. / Mrs.		Mobile:	
Self Parents Oth Name: Address: Residence: Official: Occupation: Contact No:	Mr. / Mrs. Residence:	Office:	Mobile:	
Self Parents Ott Name: Address: Residence: Official: Occupation: Contact No: E-Mail: Please indicate how you hear	Mr. / Mrs. Residence:	Office:	Mobile:	
Name: Address: Residence: Official: Occupation: Contact No: E-Mail: Please indicate how you hear Word of Mouth / Past/ Stud	Mr. / Mrs. Residence: d of the course you are ent of SBUC	Office: e applying for Our Website / Email	Mobile:	
Self Parents Ott Name: Address: Residence: Official: Occupation: Contact No: E-Mail: Please indicate how you hear	Mr. / Mrs. Residence: d of the course you are ent of SBUC	Office:	Mobile:	
Name: Address: Residence: Official: Occupation: Contact No: E-Mail: Please indicate how you hear Word of Mouth / Past/ Stud	Mr. / Mrs. Residence: d of the course you are ent of SBUC	Office: e applying for Our Website / Email	Mobile:	
Name: Address: Residence: Official: Occupation: Contact No: E-Mail: Please indicate how you hear Word of Mouth / Past/ Stud Newspaper / Magazine Adve	Mr. / Mrs. Residence: d of the course you are ent of SBUC	Office: e applying for Our Website / Email Seminars	Mobile:	

Have you included?	
Passport size colour photos	
Proof of your qualifications (Certi	fied copies with originals. Original will be returned after verification)
A Copy of your Birth Certificate	
A Copy of your National Identity C	Card / Passport
Any other relevant documents	
awarding body. My qualification will tawarding body. I have been made aw by any other relevant local or internat pertaining to the approval/recognition cannot be held responsible for such to DECLARATION -2 By signing this form, I confirm that to Further, I agree to abide by the rules amy application will be cancelled/adm	hosen is provided strictly in accordance with the approval given by the relevant qualification thus be awarded direct upon my achieving the minimum academic benchmark set by the are that it is my responsibility to confirm the approval and recognition of the qualification tional professional bodies. I am further aware that any changes that may occur in the future in of the qualification would be beyond the control of St. Benedict's Uni Campus and hence in the changes. The best of my knowledge, the information given in this form is correct and accurate and regulations of the campus. If any information given here is found to be false, I am aware insisted in the campus and I shall have no claim whatsoever from the campus. I also fer will be effected after 15 days from the start date of the course.
Student Signature	Date
OFFICE USE	
Date Application received	
	Approved Rejected
Date Application received	Approved Rejected
Date Application received Admission to course:	Approved Rejected Signature on the form: Proof of Qualifications:
Date Application received Admission to course: Student Number:	
Date Application received Admission to course: Student Number: Check List	Signature on the form: Proof of Qualifications:
Date Application received Admission to course: Student Number: Check List Total Course Fee:	Signature on the form: Proof of Qualifications: Rs.
Date Application received Admission to course: Student Number: Check List Total Course Fee: Registration Fee:	Signature on the form: Proof of Qualifications: Rs.
Date Application received Admission to course: Student Number: Check List Total Course Fee: Registration Fee: Course Fee:	Signature on the form: Proof of Qualifications: Rs. Rs. Rs.
Date Application received Admission to course: Student Number: Check List Total Course Fee: Registration Fee: Course Fee: Amount Paid Upfront:	Signature on the form: Proof of Qualifications: Rs. Rs. Rs.