

# CITY SCHOOL OF ARCHITECTURE

IN PARTNERSHIP WITH UNIVERSITY OF THE WEST OF ENGLAND, BRISTOL, UK



## APPLICATION - CSA PART I COURSE

ACADEMIC SESSION 2017 - 2018

**(FOR APPLICANTS AWAITING RESULTS OF GCE ADVANCED LEVEL EXAMINATION - 2017)**

### (A) General Information

**1. Full Name of Applicant:** \_\_\_\_\_

*(In Block Letters, as appearing in Birth Certificate Underline Surname )*

**2. Permanent Address:** \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**3. Date of Birth:** Year: \_\_\_\_\_ Month: \_\_\_\_\_ Date: \_\_\_\_\_

**4. Birth- Certificate Original & English Translation attached**

YES

NO

**5. Gender:** Male

Female

**6. Civil Status:** Single

Married

**7. Blood Group:** \_\_\_\_\_

### (B) Education

**1. GCE Advanced Level Examination 2017 :**

**Index Number:** \_\_\_\_\_

**Subjects:**

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

4 \_\_\_\_\_

**1. Number of Attempts**

*(Tick which ever is applicable)*

First	<input type="checkbox"/>
Second	<input type="checkbox"/>
Third	<input type="checkbox"/>

**2.1. If 2017 is Second attempt state the results of First attempt**

*(Produce the Original of the Results Sheet issued by the School / Examination Department)*

**Index Number:** \_\_\_\_\_

**Subjects:**

1 \_\_\_\_\_  
 2 \_\_\_\_\_  
 3 \_\_\_\_\_  
 4 \_\_\_\_\_

**2.2. If 2017 is Third attempt state the results of First & Second attempts**

*(Produce the Original of the Results Sheet issued by the School / Examination Department)*

**First attempt**

**Index Number:** \_\_\_\_\_

**Subjects:**

1 \_\_\_\_\_  
 2 \_\_\_\_\_  
 3 \_\_\_\_\_  
 4 \_\_\_\_\_

**Second attempt**

**Index Number:** \_\_\_\_\_

**Subjects:**

1 \_\_\_\_\_  
 2 \_\_\_\_\_  
 3 \_\_\_\_\_  
 4 \_\_\_\_\_

**3. GCE Ordinary Level Examination:**

*(Produce the Original of the Results Sheet issued by the School / Examination Department)*

**Index Number:** \_\_\_\_\_

**Year** \_\_\_\_\_

**Subjects & Results**

1	_____	6	_____
2	_____	7	_____
3	_____	8	_____
4	_____	9	_____
5	_____	10	_____

**(C)** Any medical condition you may suffer, which may be detrimental to pursuing a course of studies at the tertiary education level

<b>Yes</b>	<b>No</b>
------------	-----------

**(D)Extra Curricular Interests**

---

**Declaration**

I \_\_\_\_\_  
of \_\_\_\_\_  
do hereby apply for admission to the CSA Part I Course – Academic Session 2017 – 2018.

I have read and understood the regulations governing all matters related to the course including my obligations and responsibilities and I shall abide by the rules and regulations which will become effective during the time I am in attendance of the said CSA Course.

I'm aware that if I do not achieve the required A/L results my enrollment will be discontinued.

It is hereby certified that, all particulars furnished by me herein are true and accurate to the best of my knowledge. I am fully aware that any false statements or miss representation of facts entered herein if detected during or after my admission would result in disqualification and forfeiture of all rights and claims for any sums of monies paid.

I am aware that the applications, processing , examination fees and tuition fee paid by me are not refundable.

I am aware that at the final selection, **preference will be given to those who have already passed GCE A/L Examination (Local or London)** or any other equivalent qualification.



**Signature of Applicant**

\_\_\_\_\_  
**Date**

National Identity Card No or (Passport No. ): \_\_\_\_\_

Date of Issue: \_\_\_\_\_

**NOTE:** Copies of all certificates and other documents attached with the application should be duly authenticated by the Registrar, City School of Architecture at the time of handing over the application.

**CITY SCHOOL OF ARCHITECTURE (COLOMBO) LTD**

104 Kittulwatte Road

Colombo 08

T: (+ 94 11) 2678216, 2678270, 5737120

E: manageradm@csacolombo.edu.lk

W: www.csacolombo.edu.lk

**FOR OFFICE USE ONLY**

Duly Perfected Application and Documentary Evidence. Checked and certified by the **Registrar, CSA**

Signature & Rubber Stamp: \_\_\_\_\_ Date \_\_\_\_\_

The following payments were received by the **Accounts Division**:

LKR.1,500.00 being the Application Fee for the CSA Part I Course – 2017 – 2018

Signature & Rubber Stamp: \_\_\_\_\_ Date \_\_\_\_\_

The following payments were received by the **Accounts Division**:

LKR.10,000.00 being the processing Fee (Aptitude Test & Interview) for the CSA Part I Course – 2017 – 2018

Signature & Rubber Stamp: \_\_\_\_\_ Date \_\_\_\_\_

Application in order – Conditional approval by the **Head of School, City School of Architecture**

Signature & Rubber Stamp: \_\_\_\_\_ Date \_\_\_\_\_

Application Received on:	
Aptitude Test Attended on:	
Interview Attended on	
Registration Date:	

ENROLLMENT	Accounts (Fee Paid)	Head of School	Registrar
PART I YEAR 1 (2017-2018)			
PART I YEAR 2 (2018-2019)			
PART I YEAR 3 (2019-2020)			