



APPLICATION - CSA PART II COURSE
ACADEMIC SESSION 2018 - 2019

(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
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5. Gender: Male Female

6. Civil Status: Single Married

7. Passport Number _____ (Please Attach copy of your passport)

8. Blood Group: _____

9. Name of Trainer Practice: _____

Address: _____

Supervising Chartered Architect: _____

Employed as Trainee since (Date / Year) _____

Contact Details : Tel-No: _____ Email: _____

I hereby certify that the above information given are true and correct

Signature & Seal of Supervising Architect

10. Year of successful completion of SLIA Part 1 Examination / CSA Diploma in Architectural Studies (Part Time / Full Time): *(Please attach Photocopies of certificate)*

Year: _____ Month _____

11. For Non CSA Students - Please state the Academic / Professional Qualifications *(Please attach Photocopies of certificate)*

Name of the University or Higher Educational Institute:

_____ **Year:** _____

Name of the Degree / Diploma Awarded:

_____ **Year:** _____

Received SLIA Part 1 exception certification for foreign qualification:

Yes No

if Yes, Please attach the exception certification photocopies

12. Any medical condition you may suffer, which may be detrimental to pursuing a course of studies at the tertiary education level, if Yes please indicate

Yes	No
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(B): Certification

I _____
of _____

do hereby apply to register in the CSA Part II Course – Academic Session 2018 – 2019.

I will abide by the rules and regulations governing all matters related to the course and fulfill my obligations and responsibilities to the school. I shall abide by the rules and regulations, which will become effective in the future during the time I am in attendance at the said CSA Course.

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 misrepresentation of facts entered herein, if detected during or after my registration would result in disqualification and forfeiture of all rights and claims for any sums of monies paid.

I am aware that the Application Processing Fees paid by me is not refundable

Affix Passport size Photograph

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Signature of Applicant

_____ **Date**

National Identity Card No/Passport No: _____

Date of Issue: _____

Signature Attested by: Justice of Peace or Corporate Member of SLIA	_____ Date
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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**:

Processing fee of LKR.1000.00 for CSA Part II Academic Session 2018 -2019 would be charged from CSA Students.

Processing fee of LKR.6000.00 for CSA Part II or Year 1 Academic Session 2018 -2019 would be charged from Non-CSA Students.

Signature & Rubber Stamp: _____

Date _____

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

Signature & Rubber Stamp: _____

Date _____

Application Received on:

Interview Attended on

Registration Date:

ENROLLMENT	Accounts (Fee Paid)	Head of School	Registrar
PART II YEAR 1 (2018-2019)			
PART II YEAR 2 (2019-2020)			
PART II YEAR 3 (2020-2021)			

