



**APPLICATION - CSA PART II COURSE**  
ACADEMIC SESSION 2019 - 2020

**FOR OVERSEAS STUDENTS**

**(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. 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

**8. 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 \_\_\_\_\_

**9. 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*

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

Yes	No
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**(B): Certification**

I \_\_\_\_\_  
of \_\_\_\_\_  
do hereby apply to register in the CSA Part II Course – Academic Session 2019 – 2020.

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	_____ <b>Date</b>
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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.1500.00 for CSA Part II Academic Session 2019 -2020 would be charged from International Students.

Processing fee of LKR.24, 000.00 for CSA Part II or Year 1 Academic Session 2019 -2020 would be charged from International 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 (2019-2020)			
PART II YEAR 2 (2020-2021)			
PART II YEAR 3 (2021-2022)			

