

Application Form

Colombo Campus



Please check one of the following:

- First Application Change of Course

Name and Contact Information

Student Number (if applicable)

1. Family Name: _____

2. Given Name: _____

Preferred Name: _____

3. Correspondence Address: _____

ECU Colombo Campus

ACBT, 442, Galle Road, Colombo 03, Sri Lanka

Mobile: _____

E-mail: **info@ecu.edu.lk**

Telephone: (Country Code) **94** (Area Code) **11** (Phone No) **7699400**

4. Applicant Address: _____

E-mail: _____

Telephone: (Country Code) _____ (Area Code) _____ (Phone No) _____

5. Date of Birth:

D	D	M	M	Y	Y	Y	Y
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6. Sex: Male Female

7. Country of Birth: _____

8. Nationality/Citizenship: _____

Proposed Program

9. Course Commencement Date:

D	D	M	M	Y	Y	Y	Y
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10. Course: _____ Course Code: _____

Specialisation/1st Major: _____ 2nd Major: _____

English Language Proficiency

11. What is the main language spoken in your home? _____

12. Please provide proof of competence in English Language. You must attach certified evidence to show that your English ability meets our requirements, e.g. IELTS or TOEFL; GCE O Level; Pearson Test of English (PTE).

Have you completed a degree or other tertiary qualification in English? Yes No

Qualifications

13. Please attach copies of all academic records.

Please list all qualifications obtained starting from your final secondary year.

Name of Institution	Name of Award	Course Duration	Years Attended From/To	Completed Y/N

Other Information

14. Disability Declaration: Do you have a disability or any long term medical condition which may effect your studies? Yes No

If yes please indicate the area of impairment to enable the University to provide assistance:

Hearing Learning Mobility Vision Medical

Other: please indicate _____

15. Do you permit ECU to provide information to your nominated sponsor/guardian or scholarship body? Yes No

Required Documents

All Students:

- Application Form
- Academic Documents
- Proficiency Documents

I have attached the above mentioned documents Yes No

Document Submission

By e-mail: info@ecu.edu.lk

Please note that you must include official translated copies of your documents if the original is not in English.

Declaration

1. I declare that the information provided by me in this application is true and correct. I acknowledge that Edith Cowan University reserves the right to make such enquiries as may be reasonably necessary to verify the information provided by me in this application including, with regard to my educational qualifications.
2. I understand that providing false and misleading information to obtain admission and/or credit into a course is an offence.
3. I confirm
 - a. I have made my own enquiries as to the suitability of the course that I am seeking to be enrolled; and
 - b. That it is my sole responsibility to ensure that my enrolment is in accordance with the Admissions Enrolment and Academic Progress Rules of Edith Cowan University.
4. I acknowledge and agree that the information provided by me to Edith Cowan University may be provided to Commonwealth and State agencies when required by law.
5. If I am admitted into a course with Edith Cowan University I agree to comply with the Statutes, By-laws, Rules and Regulations of Edith Cowan University.
6. I acknowledge I have had the opportunity to peruse the Statutes, By-laws, Rules and Regulations of Edith Cowan University at www.ecu.edu.au/GPPS/governance_services/legislation.html
7. I acknowledge that official communication by Edith Cowan University to me will be by electronic means unless alternative communication arrangements have been agreed by ECU.
8. I agree to notify ECU of any changes to my residential addresses.

If you have concerns about any of the above items please contact ECU via email at info@ecu.edu.lk

Student Signature: _____ Date: _____