



APPLICATION FOR THE STUDY TOUR FOR FEMALE FINAL YEAR LAW STUDENTS: CAREER CHOICES AND OPPORTUNITIES

Dates: January 19-21, 2020

**Deadline for the application to be submitted: December 31, 2019
(Submitted to the Head of the Department)**

**Supported by
COHERENT, OPEN, RESPONSIVE AND EFFECTIVE JUSTICE PROGRAM (CORE JUSTICE)**

I. PERSONAL DATA

Family Name (Surname):	Date of Birth Day: Month: Year:
First Name:	Language Preference:
Other Names:	
NIC No:	

2. CONTACT INFORMATION

Details of institute of study	Details of applicant
Name and address	Applicant's Postal/Home Address:
	Home telephone number:
	Mobile number:
Phone Number:	Email address:
Fax number:	
Email address:	

3. EDUCATION (list in order of time, starting with last institution attended)

Name of institution study	Location	Course of study	Years of Study (From - To)
Other courses followed			

4. MOTIVATION STATEMENT

Please state briefly the reasons for applying for this study tour and how you hope to benefit from the program.

(Between 500-1000 words)

5. ARE YOU PHYSICALLY AND MENTALLY WELL ENOUGH TO ATTEND THIS STUDY TOUR?

6. STUDENT DECLARATION

I certify that my statements in answer to the foregoing questions are true, complete and correct to the best of my knowledge and belief.

If accepted for the study tour; I understand that I must,

- a) *Carry out such instructions and abide by such conditions as maybe stipulated by the institutions included in the study tour and the CORE Justice Project*
- b) *Refrain from engaging in political activities or any form of illegal matters;*
- c) *Participate in all sessions*

Name:

Signature of applicant: **Date:**

7. INSTITUTIONAL DECLARATION (to be completed by the nominating institute of study)

.....nominates.....
to participate in the study tour for female law students supported by CORE Justice.

- a) All information supplied by the nominee is complete and correct
- b) The nominee has adequate knowledge in English.

Remarks:

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Name of Head of the department/faculty/institute

..... (Signature of Head of the department/faculty/institute)

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Designation
.....
Official Seal/Stamp:

Tel:..... Date:

Email.....