

THE OPEN UNIVERSITY OF SRI LANKA FACULTY OF HEALTH SCIENCES

Application for Evaluation of Qualifications for Exemptions

IMPORTANT

The following documents must be attached to the application form.

- a) Certified copies of all Educational / Professional qualifications.
- b) Certified copies of the syllabus of each subject to be evaluated.
- c) Hand Book of the institution from which the qualification has been obtained (If available).
- d) Certified English translations, if the originals are in a foreign language.

BPharm Honors, BMLS Honors & BSc Honors in Psychology Students:

For consideration in the Academic Year 2019/2020, duly filled application form supported by the required documents should be forwarded on or before 10^{th} December 2019 to:

Head/ Dept. of Medical Laboratory Sciences, Head/ Dept. of Pharmacy, Head/ Department of Psychology & Counselling, The Open University of Sri Lanka, Nawala, Nugegoda

INCOMPLETE / LATE APPLICATIONS WILL NOT BE ENTERTAINED.

| 1. | Programme : | | | | | | | | |
|----|---|---|--------|---------------------------------------|--|--|--|--|--|
| 2. | Name of Applicant: | | | | | | | | |
| 3. | Registration No. (for Re- registrants) / NIC (New Registrants) : | | | | | | | | |
| 4. | . Contact Address | | | | | | | | |
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| 5. | Telephone: Home | Office | Mobile | : | | | | | |
| 6. | Email: | | | | | | | | |
| 7. | | s in the OUSL programmes from which exemptions are requested by Applicant. Write the relevant Level- wise as indicated in Programme Guide/Guide Book. | | | | | | | |
| | Level: | Level: | Level: | Level: | | | | | |
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| 8. | Particulars of the course / programme, followed by the Applicant, on which exemptions are requested. (Attach additional sheets if space is insufficient). | | | | | | | | |
| | Title of the course / program | nme: | | | | | | | |

| Name & Address of the Institution whe | ere the course was follower | lowed: | | | |
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| Duration of the course (No. of years / n | nonths): | | | | |
| Date of qualification: | | | | | |
| Whether the course is full-time / part-ti | me? | | • | | |
| Details of the curriculum of the course | / programme followed | d: | | | |
| (I) Detailed syllabus (attac | ch documents certifie | d by relevant autl | norities). | | |
| (II) List the Laboratory exp | periments done in eac | h subject (Use se | parate sheet | / s). | |
| (III) Give below details of h | nours spent on Lecture | es, Practical, Fiel | d work, etc. | | |
| Subject | Weightage | | Time Spend (Hours) | | |
| Subject | Weightage | Lectures | Tutorial | Lab Work | Training |
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| Give details of results obtained and e requirement for the award of qualific | ation): attach results | sheets certified by | y relevant au | • | |
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| Signature of the Applicant: | | Date: | | | |
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