

Application Form for Undergraduate Programmes 20__

Degree programme: _____

Documents to be submitted	
<ul style="list-style-type: none"> Ordinary Level and Advanced Level Result Sheet HND or Diploma Transcripts Birth Certificate – English Copy of NIC / Passport 4 passport-sized photograph 	Please Paste Photo Here

1. Personal Details			
Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms <input type="checkbox"/> Other _____
Last (family) Name		First/middle (Given) Name(s)	
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth (dd/mm/yyyy)
Father / mother name	Father: _____ Mother: _____ Guardian: _____		
Father / Mother / Guardian contact number	Father: _____ Mother: _____ Guardian: _____		
Father / Mother / Guardian Email address	Father: _____ Mother: _____ Guardian: _____		
Nationality			

2. Contact Details	
Permanent address - home	
Mailing Address (if different from home address)	
Mobile Phone (applicant)	
E-mail Address (applicant)	
Hostel Details (If Any)	

3. English Language Proficiency	
<p>English language requirements: a minimum of 70 marks in English subject in class 12th/Equivalent IELTS score (or equivalent) of 6, with no component being below 5.5. Please indicate and provide evidence of any English Language qualifications which you have obtained, other acceptable requirements</p>	
10+2 English score	
IELTS or TOEFL scores and percentiles (if applicable)	

4. Qualifications				
<p>List the names of completed and pending secondary and/or tertiary qualifications.</p> <p>Original or certified true copies of academic records must be attached and official English translations are required for documents in another language.</p>				
Examination	Name of College/University	Date Completed/ Date of Result	Board/ University	Results
Ordinary Level (National / Cambridge / Edexcel)				
Advanced Level (National / Cambridge / Edexcel)				
Others				

5. Disability / Special Needs	
Do you have a disability or long term medical condition which may affect your studies?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Type of Disability:	_____

6. Declaration

I declare that the information on this form is correct. I understand that any offer of a place is subject to my acceptance of the University's term and conditions. The admission is purely provisional subject to fulfilling and verification of all the certificates and statements made by me in the admission form and in compliance with the university requirement. In case my admission is not approved or cancelled by the Competent Authorities, then the Institute will not be liable for the same and I will not claim any fee refund.

I accept that if I do not fully comply with these requirements, Lincoln University College reserve the right to cancel my application.

I agree that Lincoln University College may record and process the information contained in this form for statistical and administrative reasons in accordance.

Signature of Applicant: _____ Date: _____

7. Office Use Only

**Student
Registration No:**

SIST E-Mail ID:

**LUC Matriculation
No:**

Remarks:

No 07, Kirimandala Mawatha, Colombo 05 | Tel: 2554848/0777499494 |
E-mail: info@spectrumcampus.edu.lk | Website: www.spectrumcampus.edu.lk /

Note: All information provided is treated with the strictest confidentiality and is meant for internal use only.