**BUDDHIST AND PALI UNIVERSITY OF SRI LANKA**

**DEPRATMENT OF BUDDHIST PHILOSOPHY**

**TWO YEAR ADVANCED CERTIFICATE COURSE IN BUDDHIST COUNSELLING**

**APPLICATION FORM FOR THE REGISTRATION**

1. Full Name: ………………………………………………………………………………………………………
2. Registration No: …………………………………. 03. Index No: ………………………………….
3. Academic Year: …………………………
4. Telephone No: …………………………...................
5. Selected Subject/ Subjects for the B.A (General/ Special) Degree:

………………………………......................................................................................................................

1. Medium: .......................................
2. Faculty: .......................................
3. Grading, which are obtained at the first year First and Second Semester examinations for the two papers relevant to the Buddhist Counselling:

**Code No. of the Paper Name of the Paper Grade Obtained**

1. BUCL 11011 (C) Principles of Buddhist Psychotherapy …………………
2. BUCL 12021 (C) Counseling Techniques and Skills …………………
3. Grade Point Average: ……………………………

(For Office Use Only)

I declare that the particulars mentioned above are true and accurate.

Date:……………………… …………………………………..

Signature of the Candidate

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***Recommendation of the Head of the Department of Buddhist Philosophy:***

1. The Applicant has **participated/ not participated** for the practical meditation programme and the examination of counselling skills relevant to the first year examination.
2. The Applicant has **qualified / not qualified** for following the advanced certificate course in Buddhist counselling according to the results of first year examination.
3. According, the application is **recommended/ not recommended.**

Date: …………………………. ……………………………….

Signature of the Head of the Department

***Approved of the Dean*:**

Application of Rev./Mr. ………………………………………………………………… is approved / Not approved.

Signature of the Dean:- ………………………………

Name :- ……………………………………………………………….

Date : …………………………