

LETTER OF CONSENT FROM THE EMPLOYER
GRANTING PERMISSION FOR POSTGRADUATE STUDIES

The Course Coordinator
M.Sc. in/ M of Water Res. Eng. & Mgmt./Water Res. Mgmt.
Department of Civil Engineering
University of Moratuwa
Moratuwa 10400
Sri Lanka

(Write your full name in **BLOCK** letters and underline your surname)

RE:

Applicant for:

UNESCO Madanjeet Singh Center for South Asia Water Management (UMCSAWM),
Department of Civil Engineering, University of Moratuwa, Sri Lanka

I understand that

who is presently working at our organisation has applied for the above postgraduate programme at University of Moratuwa, Sri Lanka scheduled to be commenced in April 2024.

If he/she is selected for the above (Please strikethrough which is **not** applicable):

- i. a). Permission **will** / **will not** be granted for **him** / **her** to pursue part-time studies during Saturdays (from 8.30 am -5.30 pm) and Sundays (from 8.30 am – 5.30 pm) during the study period (2 years).

or

- b). Permission **will**/ **will not** be granted for **him** / **her** to pursue full-time studies during Monday to Friday/Saturday from 8.30 am – 5.30 pm) during the study period (2 years).

- ii. Official leave **will** / **will not** be granted for **him** / **her** for attending classes (1 year / 2 years).

- iii. Course fees **will** / **will not** be sponsored for **him** / **her** by our organization.

I **recommend** / **do not recommend** (Please strikethrough which is **not** applicable)

for the above course.

Yours sincerely,

Name :

Designation :

Organisation :

Signature :

Date :