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| **Advanced Diploma in Sports Science and Management** |
| **Approval from the Head of the Institute** |
| Coordinator,  Advanced Diploma in Sports Science and Management,  Department of Sports Science,  Faculty of Applied Sciences,  University of Sri Jayewardenepura,  Gangodawila,  Nugegoda. |
| I hereby certify Mr./ Ms. ………………………………………………………………………………………………  (Applicant’s name with initials) is an employee of the …………………………………………………………..  ……………………………….. (Name of the institute) working as a ………………………………………………….. (Designation) from …………………………………………………… (Appointment date) on permanent/temporary/contract (Delete the inappropriate word) basis. I will give my approval for him/her to follow the Advanced Diploma in Sports Science and Management in your institution in the event of being selected. |
| …………………………………………….. Date : …………………………….  Signature of the Head  (confirm with official seal)  Name of the Head: …………………………………………………………………………………………..  Designation: …………………………………………………………………………………………………….  Name of the Institute: …………………………………………………………………………………….. |