

LMS Service  
Centre for Computer Studies, Sabaragamuwa University of Sri Lanka

1. **Name with initials :-** .....
2. **Login name required (leave blank if you already have an account in the system) :-**  
[.....](Use a short name clearly & in simple letters)
3. **My Email address is** ..... [password will be sent to this email account]

Courses for which lecturer should change:

<u>Course Name</u>	<u>Code</u>
Eg. Artificial Intelligence	PS31209
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....

4. **Department/Faculty:-** ..... 4. **Designation:-**.....
5. **Telephone No.:-**  
**i Home:** ..... **ii. Mobile:** ..... **iii. Official:** .....

I understand that my account will be deleted or assigned to another academic staff member once I retire/resign from the university.

Date: .....  
.....  
Signature of Applicant

**Recommendation** of Head of Department/Dean

I recommended/ do not recommend the changing the account in the e-learning system to the above applicant.

Date.....  
.....  
Head of the Department

**Approval**

I approve/ do not approve the change of the above course account in the e-learning system to the applicant.

Date: .....  
.....  
Director, Centre for Computer Studies

Account created on: ..... Signature:.....