### NOTICE

# CALLING EXAM APPLICATIONS FACULTY OF COMPUTING Semester III (2019/2020 Batch)

**Semester III (2019/2020 Batch)** Examinations of the Faculty of Computing will be held in **September/October 2023.** Students are advised to submit their duly filled application forms accordingly.

Application forms should be obtained from the Faculty of Computing and students should handover their duly filled application forms to the Examinations Branch.

Applications will be issued from 04.09.2023 onwards, between 9.00 a.m. to 12.00 noon and from 1.00 p.m. to 4.00 p.m. and duly filled application forms should be handed over to the Examinations Branch during the above time period, on or before 06.09.2023. No application will be accepted thereafter under any circumstances.

### (N. B. - Students' Record Books should be produced when applications are handed over.)

Candidates who are not registered for the current academic year, should pay the Registration Fees of Rs 300.00 to the Academic and Students Affairs Division of the University.

Senior Assistant Registrar/Examinations 04.09.2023

FOR OFFICE USE ONLY	
Index No,:	

### SABARAGAMUWA UNIVERSITY OF SRI LANKA FACULTY OF COMPUTING

# BSc (HONS) IN COMPUTING AND INFFORMATION SYSTEMS SEMESTER III EXAMINATION

(2019/2020 Batch ) - PROPER

(September/October - 2023)

### **EXAMINATION APPLICATION FORM**

)1.	Registration No:	Index No :	Medium:
)2.	Full Name (In English Block Letters):		
		et	***************************************
<b>)3</b> .	Please state the subject/subjects that you	expect to offer for the Examination.	

COURSE CODE	COURSE TITLE	SIGNATURE OF LECTURER INCHARGE CONFIRMING THAT THE CANDIDATE HAS FOLLOWED THE COURSE SATISFACTORILY AND IS FLIGIBLE TO SIT THE EXAMINATION.
IS3101	Object Oriented Analysis & Design	
IS3102	Data Structures & Algorithms	
IS3103	IT Governance	
IS3104	Software Engineering	
IS3105	IS Risk Management	
IS3106	IS Sustainability	
IS3107	Management Information Systems	
IS3108	E-Business	
IS3109	Digital Innovation	
IS-EAP-2101	Academic English I	

04.	State whether Mr. / Ms.:	***************************************	
05.	Permanent Address:		
			······
06.	Address during the period of	f Examination :	
	<u></u>		
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	•••	***************************************	······································
07.	Contact Number	(H)	
08.	Date of admission to the Ur	lversity ;	
09.	Have you been registered for	or this year :	
	Give date of payment of reg	istration fees for the course	:
10.	Have you postponed sitting any other reasons? If so give	this examination earlier due to e particulars.	illness (supported by Medical Certificate) or
11.	Amount of fees paid. (for the	e first time need not pay examin	ation fees).
	Amount::		
	Date of payment & receipt N	lo. :	
I certify informa	y that the above information is ation given above is incorrect.	correct. I am aware that my	application shall be rejected, if any of the
	Valo de approprieto		Signature of Candidate.
• D6	elete as appropriate		

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Index No.;	

### SABARAGAMUWA UNIVERSITY OF SRI LANKA FACULTY OF COMPUTING

## BSc (HONS) IN SOFTWARE ENGINEERING

SEMESTER III EXAMINATION

(2019/2020 Batch) - PROPER

(September/October - 2023)

### **EXAMINATION APPLICATION FORM**

<b>)</b> 1,	Registration N	lo: Inde	ex No :	Medium :	
02.	Full Name (In English Block Letters):				
	*****************				
03.	Please state (	he subject/subjects that you exp	ect to offer for the Exam	mination.	
(	COURSE CODE	COURSE TI	TLE	SIGNATURE OF LECTURER INCHARGE CONFIRMING THAT THE CANDIDATE HAS FOLLOWED THE COURSE SATISFACTORILY AND IS ELIGIBLE TO SIT THE EXAMINATION.	
	SE3101	Network Protocols			
5	SE3102	Formal Methods			
ç	SE3103	Object Oriented Analys	sis and Design		
5	SE3104	Requirements Validati	on		

Software Design Concepts

Academic English I

Web Systems and Technologies

Software Engineering Foundations

SE3105

SE3106

SE3107

SE-EAP-2101

04.	State whether Mr. / Ms.: .						:	
05.	Permanent Address:							
			·· · • · · · · · • · • · • · • · • · •					
							•	
06.	Address during the period	l of Examinati	on:					
		**********						
07.	Contact Number							
08.	Date of admission to the t	University	:	-,-,.,,				
09.	Have you been registered	I for this year	:	• 1/5 19/115 19 11 1				
	Give date of payment of r	egistration fee	s far the o	ourse	:			
10.	Have you postponed sitting any other reasons? If so g			er due to illn	ness (supp	orted by M	Medical (	Certificate) or
11.	Amount of fees paid. (for	the first time n	eed not pa	ay examinat	ion fees).			
	Amount::							
	Date of payment & receip	1 No. :						
	iy that the above information nation given above is incorre		n aware	that my a	pplication	shall be re	ejected,	if any of the
Date:	************************				711511	Signature of	Candida	
• D	elete as appropriate					orginatore or	Various	