|  |  |  |  |
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|  |  | **Office Use Only** | |
|  | 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)

1. **My Email address is ……………………………….. [**password will be sent to this email account**]**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Courses to be created in the system: Course Name | | | Code | |
|  |  |  |  |  |
| Eg. Artificial Intelligence | | | PS31209 | |
| ………………….……………………... | | | ………… | |
| ………………….……………………… | | | ………… | |
| ………………………………………… | | | ………… | |
| ………………………………………… | | | ………… | |
| …………………………………………. | | | ………….. | |

1. **Department/Faculty:-** ……………………………… 4. **Designation:-**……………………..
2. **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** - for Temporary Staff

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

|  |  |  |
| --- | --- | --- |
| Appointment duration | from ……………………..… | To. ………….………………… |
| Date……………. |  | ……………………… |
|  |  | Head of the Department |
|  |  |  |

**Approval**

I approve/ do not approve the creation of an account in the e-learning system to the applicant.

Date: ................................

..........................................

Director, Centre for Computer Studies

Account created on: ……………………….

Signature:………………………