**APPLICANT DETAILS**

Name with Initials : ………………………………………………………………………………………………………

First Name : ……………………………………. Last Name : …………………………………..

Login name required (leave blank if you already have an account in the system) :- [……………………..]

(Use a short name clearly & in simple letters)

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 |
| ………………….……………………... | ……..………… |
| ………………….……………………… | ..…..….……… |
| ………………………………………… | …….……….… |
| ………………………………………… | …….……….… |

Phone number: Mobile : ………………………………… Office : …………………………………………

Address: Home : ……………………………………………………………………………………………..

Official : ……………………………………………………………………………...................

Department/Unit/Centre/Administrative Division : ………………………………………………………………….

Faculty : ………………………………………………. Desigation : ………………………………………………….

I declare that information and particulars given above are true. Also, I shall strictly abide by the rules and regulations governing Internet access and email usage at Sabaragamuwa University. I understand that my VLE account will be automatically deleted once I resign / retire from the University.

Date : …………………... Signature of the Applicant : …………………………………

**RECOMMENDATION**

I recommend / do not recommend the creation of a VLE account to the above applicant

Appointment duration from ………………….. to ……………………

Date ………………………… Head of the Department …………………………………

**Approval**

I approve/ do not approve the creation of a VLE account to the applicant.

Date ………………… Director - CCS ……………………………….