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 to be created in the system: <u>Course Name</u>   <u>Code</u>

         Eg.   Artificial Intelligence   PS31209

   ………………………………………..   …………

   ………………………………………   …………

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   ………………………………………   …………..

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 - 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:………………………