Faculty of Applied Sciences
Wayamba University of Sri Lanka

Photograph

COURSE REGISTRATION FORM

Academic Year: 2019/2020 (Level 1)

Reg. No: …….

01. Name with Initials :- ……
(in block capitals)

02. Contact No. for Immediate Correspondence :- …….

03. Gender :- Male/Female

04. Selected Subject Combination :- (Mark (√) the selected combination)

Combination Code	*Combination Description*	*Selected Combination*
Combination 1	MATH & STAT + CMIS + ELTN	
Combination 2	MATH & STAT + ELTN + IMGT	
Combination 3	MATH & STAT + IMGT + CMIS	

05. Please consult your Student Counselor before filling the following tables :-

SEMESTER I – COURSE MODULES		
Module Code	***Title of the Module***	***No. Credits***
	Total No. of Credits For Semester I =	

SEMESTER II – COURSE MODULES		
Module Code	***Title of the Module***	***No. Credits***
	Total No. of Credits For Semester II =	
	Total No. of Credits For Academic Year =	

……

Date : …….. Signature of Applicant

……

Date : …….. Signature of Mentor

I certify that the above student has selected the correct set of modules relevant to his/her combination at Level 1 and that he/she will fulfill the minimum annual credit requirement in respect of the subject area(s) offered by my Department.

……..	……..	……..	……..
Signature of the Head/ Academic Advisor/CMIS	Signature of the Head/ Academic Advisor/ELTN	Signature of the Head/ Academic Advisor/IMGT	Signature of the Head/ Academic Advisor/MATH
Date : ……	Date : ……	Date : ……	Date : ……

I certify that the above student has selected modules required minimum/maximum aggregating to the number of credits (30/33) for Level 1.

……..

Signature of the Student Counsellor