***Faculty of Applied Sciences***

***Wayamba University of Sri Lanka***

Photograph

**Course registration form**

**Academic Year: 2019/2020 (Level 2)**

|  |
| --- |
| **Reg. No:** ……………………. |

1. Name with Initials :- ……………………………………………………………………………………

(in block capitals)

1. Gender :- *Male / Female*
2. Contact No. for Immediate Correspondence :- ……………………………………………….
3. 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 |  |

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

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| --- |
| Semester I – Course Modules |
| *Module Code* | *Title of the Module* | *No. Credits* |
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|  |  *Total No. of Credits For Semester I =* |

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| --- |
| Semester II – Course Modules |
| *Module Code* | *Title of the Module* | *No. Credits* |
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|  |  |  |
|  |  *Total No. of Credits For Semester II =* |
|  |  *Total No. of Credits For Academic Year =* |

1. Registration Fee : Rs.150

 Date of Payments: Receipt No:

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 2 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/ Signature of the Head/ Signature of the Head/ Signature of the Head/

Academic Advisor/CMIS Academic Advisor/ELTN Academic Advisor/IMGT 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 2.

 …………………………………………..

Signature of the Student Counsellor