***Faculty of Applied Sciences***

***Wayamba University of Sri Lanka***

Photograph

**Course registration form**

**Academic Year: 2023/2024 (Level 1)**

**Reg. No:** …………………….

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

(in block capitals)

1. Contact No. for Immediate Correspondence :- ……………………………………………….
2. Gender :- Male/Female
3. Selected Subject Combination :- (Mark (√) the selected combination)

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| --- | --- | --- |
| *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 :-

|  |  |  |
| --- | --- | --- |
| **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 =*** | |

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

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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/ 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 1.

…………………………………………..

Signature of the Student Counsellor