

SRI LANKA INSTITUTE OF ADVANCED TECHNOLOGICAL EDUCATION**Application for the Semester Examination****Name of the Course and Year: HNDIT 2nd Year.. 2020****Full Time / Part Time:****Semester:2nd**

1. Full Name as in student registration record book:
2. Name with Initials :.....
3. Private Address :.....
4. Sex :.....
5. Telephone No :.....
6. Admission No :.....
 - a. Receipt for payments of examination fee :.....
 - b. Percentage of attendance during the year :.....

Specified subjects to be given at the examination

S.No	Subjects	Medium
01	Computer Architecture 2401	English
02	Free and Open Source 2402	English
03	Professional Issues in IT 2403	English
04	Project (Individual) 2404	English
05	English for Technology IV 2405	English
06	Software Configuration Management 2412	English
07	Web Application Development 2413	English
08	Mobile Application Development 2417	English

7. Indicate the attempt under which you sit this examination weather:**1st Attempt****Declaration of Applicant:****I certified that the information above is true and correct.****Date:****Signature:**

Note: Please complete all items in this application form. Incompliant will be rejected.

Recommendation in Lecturers:

S.No	Subjects	Medium	Percentage of Attendance	Recommendation of Lecturer	Signature
01	Computer Architecture 2401	English			
02	Free and Open Source 2402	English			
03	Professional Issues in IT 2403	English			
04	Project (Individual) 2404	English			
05	English for Technology IV 2405	English			
06	Software Configuration Management 2412	English			
07	Web Application Development 2413	English			
08	Mobile Application Development 2417	English			

RECOMMENDATION OF THE HEAD OF THE SECTION

Mr./Mrs./Miss.attendCourse as a Full Time / Part Time /Day /Evening student. His /Her attendance exceedspercentage and I recommended / not recommended him /her to sit the examination in themedium.

Date : Signature of Head Division:.....

APPROVAL OF DIRECTOR / ACADEMIC COORDINATOR

This applicant has fulfilled all requirements and I approved his / her application to sit the examination.

Date:

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Signature of Director /
Academic Coordinator