

SOUTH EASTERN UNIVERSITY OF SRI LANKA
OFFICIAL EMAIL REQUEST FORM

Full Name	
First Name	
Last Name	
Designation (if student, mention the Stu.Reg,No.)	
Department / Unit / Center	
Faculty	
Permanent/Temporary	
Preferred Email ID @seu.ac.lk
Purpose of the Email	
Mobile No.	
Present E-Mail ID (If any Eg. Gmail, Yahoo etc.)	
Signature of applicant	
Date Applied on	

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Recommended / Not Recommended Signature Head of the Department
Approved/ Not Approved Signature Dean of the Faculty
Approved/Not Approved Signature Vice chancellor, SEUSL

E- Mail ID Created @seu.ac.lk
Date of E-Mail ID Created	

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Coordinator, ICT Center
South Eastern University of Sri Lanka