**UNIVERSITY OF ENGINEERING & TECHNOLOGY, PESHAWAR**

**Department of Computer Science and Information Technology**

Tele: - (091) 9222276 Fax No: - (091) 9216663

**Counseling Type: -**

1. Academic
2. Personal & Emotional

**Form M(Counselling Form)**

Name: Registration No:

Semester: Own Contact No:

Batch Advisor Name: -

**Student Sign Date:**

Note:-

1. Student concerned will be responsible for any misinformation provided in this form.

2. The batch advisor of concerned batch will contact you with in three (03) working days.

**(For Office Use Only)**

Diary/ Dispatch No:- Dated

Action By: Action Date: