**UNIVERSITY OF ENGINEERING & TECHNOLOGY, PESHAWAR**

**Department of Computer Science and Information Technology**

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

**Form D (Hope Certificate)**

Name: F/Name: -

Registration No: Semester: -

Current C.GPA: -

Remarks (if any):

**Student Sign Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Note:-

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

2. Attached official/unofficial transcript

**(For Office Use Only)**

Diary/ Dispatch No:- Dated

Issued By: Issued Date: