**UNIVERSITY OF ENGINEERING & TECHNOLOGY, PESHAWAR**

**Department of Computer Science and Information Technology**

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

**Form E (Letter of Recommendation)**

Name: F/Name: -

Registration No: Purpose: -

Recommendation Letter required from (Faculty Name): -

Please mention the courses studied with concerned faculty:-

|  |  |  |
| --- | --- | --- |
| **S. No** | **Course Name** | **Result** |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |

Cumulative 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: