DIRECTORATE OF POSTGRADUATE STUDIES
UNIVERSITY OF ENGINEERING AND TECHNOLOGY, PESHAWAR

Checklist For MS/MSc/MPhil Students: Course-Based Degree

Student's Name: _____

Father Name: _____

Supervisor's Name: _____

Department of Student: _____

Specialization: _____

Registration No: _____

Date of 1st Registration: _____

Number of core courses studied: _____

Core courses credit hours: _____

Number of optional courses studied: _____

Optional courses credit hours: _____

Total Courses: _____

Total courses credit hours: _____

Course Completion Semester: _____

Final Transcript Available: Yes / No

CGPA: _____

Dues Statement & Clearance Yes / No

Head of Department recommend for Degree: Yes / No

_____
Name & Signature of the student
Dated: _____