UNIVERSITY OF SWAT

PROFORMA FOR REVISION OF STUDENT RESULT ON CMS

Student Information:

Program name: _____   Semester: _____

Serial	Roll No.	Names

Course Details Requiring Revision:

Course code: _____

Course Title: _____

Reason/Explanation of revision by Course Instructor/Teacher:

_____

_____

Teacher Name & Designation: _____

              Signature: _____

Program Coordinator Name & Designation: _____

              Signature: _____

Verification by Head of Department:

              Name, Signature & Official Stamp: _____

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Note: The result will be revised **within two months after termination of the examination**. Further, submit the signed revised award list to the examination section after revision on CMS.

For Office Use (Office of the Controller of Examinations)

CMS Update Performed By: _____

Date of Update: _____

Remarks (if any): _____

Directorate of IT (CMS TEAM) *In case of any technical issue only*

Facilitated By: _____

Date of Facilitation: _____

Remarks (if any): _____