University of Swat

CENTRE FOR PLANT SCIENCES AND BIODIVERSITY

Program Name: (e.g) BS Botany

Award List (for Courses without Lab. Work)

Fresh ☑ **Repeat** ☐ **SCE** ☐ **Makeup** ☐ **IOG** ☐

Examination
Fall ☑
Spring ☐
Year 2017
Session 2017-21

Semester: I ☑ **II** ☐ **III** ☐ **IV** ☐ **V** ☐ **VI** ☐ **VII** ☐ **VIII** ☐ **IX** ☐ **X** ☐

Course Title: (e.g) English-I

Teacher Name: _____ Credit Hours: (e.g) 03 (3-0)

Roll No.	Name of Student	Marks Obtained					
		MT (30)	FT (50)	Assig. (05)	Pres. (10)	Quizzes(05)	Total 100

*MT: Mid Term, FT: Final Term, Assig: Assignments, Pres: Presentations

Name of Examiner/Prof: _____

Signature with date: _____ Countersigned by HoD _____