**Counseling Hours Format**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Day** | **Program Advisor** | **Programs & Batches** | **Time** | **Email** | **Phone No.** |
| Mon-Fri | XYZ | ABC | 8am - 2pm | XYZ@umt.edu.pk | 042 35212801-10 (Ext: 0000) |
| Mon-Fri | XYZ | ABC (All Batches) | 8am - 2pm | XYZ@umt.edu.pk | 042 45212801-10 (Ext: 0000) |

Program’s Description Format

* Rationale
* Program Objectives
* Foundation Courses
* Core Courses
* Elective Courses
* Project/Thesis
* Career Opportunities
* Admission Criteria

Faculty Profile

## Name

Designation

School Name

EMAIL: xyz@umt.edu.pk     EXT: 000

One Paragraph about Yourself

Updated Resume