

CENTRE FOR STUDENT AFFAIRS ANNA UNIVERSITY, CHENNAI APPLICATION FOR BREAK OF STUDY

(To be used by the students of Constituent / Self - Financing Colleges)

1	Name of the Student	
2	Roll No. / Registrar No.	
3	Programme and Branch of study	UG / PG Branch
4	Month and year of admission to the Degree Programme (I Semester)	
5	Mode of Study	Full Time (Regular) / Full Time (SS) / Part Time (Evening)
6	Number of semesters completed (Specify the Period)	Semester: From: MM/YYYY To: MM/YYYY
7	Semester, Duration & Period for which the Break of study is sought for	Semester : Duration : in months Period From : MM/YYYY To: MM/YYYY
8	Session and Academic year during which the student propose to rejoin and continue	
9	Mention the academic year in which the maximum period for completion of the programme normally ends as per Regulations (UG / PG)	
10	Whether the remaining period after rejoining the course is as per Regulations (Tick the relevant column)	Yes / No

11	Reasons for the request of break of study (please specify) (Full time students are not eligible for break of study if they go for higher studies or job or training programmes irrelevant to current degree programme. (If the request is on medical grounds, Medical Certificate from an authorized Medical practitioner is to be enclosed for that period)	
12	Full address for communication during the time of break of study (with pin code & phone no.)	
13	Details of break of study availed previously, if any	Semester: From MM/YYYY To MM/YYYY
14	Details of prevention due to lack of attendance (if any) during the course of study till the date of application for Break of Study	Semester: From MM/YYYY To MM/YYYY (Mention the semester during which the candidate was prevented)

Note: Incomplete applications will not be processed.

SIGNATURE OF THE STUDENT

Station:

Date :

SIGNATURE OF THE PRINCIPAL WITH SEAL

Enclosure:

- 1. Representation from the candidate
- 2. Enclose Medical Certificate if required.