SAVEETHA ENGINEERING COLLEGE
AUTONOMOUS
NAAC A GRADE
Affiliated to Anna University | Approved by AICTE

Office of the Controller of Examinations

APPLICATION FOR BREAK OF STUDY

1	Name of the Student	
2	Register Number	
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 & Admission (Tick the appropriate mode)	Full Time / Part Time & Regular / Lateral Entry / Readmitted / Transferred / Lateral Entry cum Readmitted / Transferred cum Readmitted
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) Period 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	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 and phone no.)	Parent / Guardian Name : Address / Phone No. :
13	Details of break of study availed previously, if any (If already availed, **Rs.5000/- per semester** should be paid for further break from study)	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 student was prevented)

Note: Incomplete applications will not be processed.

Signature of the Student **Signature of the Parent / Guardian** **Signature of the HoD**

Signature of the CoE with seal **Signature of the Principal with seal**

Station :

Date :

Enclosure:

1. Request Letter from the student.
2. Enclose Medical Certificate / Any other Relevant Document (if required).