



**CENTRE FOR STUDENT AFFAIRS**  
**ANNA UNIVERSITY, CHENNAI**  
**APPLICATION FOR AUTHORISED BREAK OF STUDY**  
**(To be used by the students of Constituent / Self - Financing College)**

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 I Semester	:	
5	Mode of Study	:	Full Time (Regular) / Full Time (SS) / Part Time (Evening)
6	Details of number of semesters completed before break of study (Specify the academic years / Period)	:	
7	Semester, Duration & Period for which the Break of study is sought for	:	Semester : Duration : Period From : _____ To _____
8	The 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 unconnected with the present area of study etc)  (if the request is on medical grounds, Medical Certificate from an authentic Medical officer is to be enclosed for that period)	:	Medical / Personal

12	Full Address for Communication during the time of break of study (with Pin Code & Phone No / Mobile Phone No.)	:	
13	Details of break of study availed previously if any	:	From _____ To _____ Semester: (during which BOS was applied earlier)
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	:	From _____ to _____ (Mention the semester during which the candidate was prevented)

**SIGNATURE OF THE STUDENT**

Station :

Date :

Note : Your application for Break of Study for will not be processed unless all the required details are submitted to the Director, Student Affairs along with Your application.

**SIGNATURE OF THE PRINCIPAL  
WITH SEAL**

**Enclosure:**

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

