



ANNA UNIVERSITY CHENNAI
CHENNAI - 600 025

APPLICATION FOR AUTHORISED BREAK OF STUDY

(To be used by the students of University Departments)

1. Name of the Student : _____
2. Roll No : _____
3. Department in which studying : _____
4. Programme and Branch of Study : UG / PG.....Branch.....
5. Month and Year of admission to the I Semester : _____
6. Mode of Study : Full Time (Regular) / Full Time (SS)
Part Time – (Day Time) Part Time
(Evening)
7. Details of number of semesters completed before break of study (Specify the academic years / period) : _____
8. Semester, Duration & Period for which the Break of study is sought for : Semester : _____
Duration : _____
Period From..... To.....
9. Details of semesters yet to be completed : _____
10. The Session and Academic Year during which the student proposes to rejoin and continue the course : _____
11. Mentioned the academic year in which the maximum period for completion of the programme normally ends as per Regulations (UG / PG) : _____
12. Whether the remaining period after rejoining the course is adequate to complete the course as per Regulations (Tick the relevant column) : Yes / No
13. Reasons for the request of break of study (please specify) : Medical / Personal
(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) : _____

14. Full Address for Communication during the time of break of study (with Pin Code & Phone No. / Mobile Phone No.) :

15. Details of the arrear courses from the previous semesters to be completed (if any) :

(Add separate sheets if necessary)

(Mark sheets of the completed semesters are to be enclosed) :

16. Details of break of study availed previously, If any. :

From.....To.....

Semester:

(during which BOS was applied earlier)

17. 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.....

Semester:

(Mention the semester during which the candidate was prevented)

SIGNATURE OF THE STUDENT

18. Endorsement from the Faculty / Class Advisor :

**SIGNATURE OF THE CLASS ADVISOR /
FACULTY ADVISOR WITH SEAL**

19. Remarks of the HOD
(Recommended / Not recommended
Recommendations shall be based on
Satisfactory replies given on all
items 1 to 17 by the students) :

Recommended / Not recommended

SIGNATURE OF THE HOD WITH SEAL

Station :

Date :

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