Centre for International Relations

Anna University, Chennai, INDIA

annauniv.edu/cir

Prof. R. Baskaran

Director

UoB/CIR/2026 Date : 17.08.2026

CIRCULAR

One of our partner institutions University of Bern, Switzerland has invited applications under Semester Exchange programme. for undergraduate & postgraduate students to do one or two semesters in their University. Interested students of Anna University, Chennai (CEG, ACT, SAP and MIT campuses) can apply for this Exchange programme.

Interested students can forward their detailed application (Attached) along with their Bio-Data through the Head of the Department to the Director, Centre for International Relations, Anna University, Chennai 600 025.

Application Deadline:

The last date for submission of applications is **11th September 2026**. Early submission is encouraged to ensure timely processing.

Selected students must obtain prior permission from the respective departments and the Centre for Academic Courses.

The student advised to review the curriculum and courses offered at the University of Bern to ensure compatibility with their academic requirements. List of courses available at following link:

https://www.unibe.ch/studium/mobilitaet/incoming/weltweit/weltweiter_austausch/anmeldung/index_ger.html#e1283147

Centre for International Relations Chennai-25 Anna University

12.08.2026.

DIRECTOR

To
All Deans of campuses
All Directors and HODs (With a request to display on notice board)

Phone +91-44-2235 8561 (O)

Email director.cir@annauniv.edu

Address Sardar Patel Road, Guindy, Chennai - 25

ANNA UNIVERSITY, CHENNAI, INDIA

CENTRE FOR INTERNATIONAL RELATIONS (CIR)

APPLICATION FORM FOR OUTGOING STUDENT EXCHANGE PROGRAMME

(For Exchange Study Abroad – One or Two Semesters)

Academic Year : _____

Semester : _____

1. DETAILS OF THE STUDENT

1. Name of the Student :_____

2. Register Number : _____

3. Date of Birth : _____

4. Gender : ☐ Male ☐ Female ☐ Other

5. Nationality : _____

6. Aadhaar/Passport Number: _____

7. Email ID : _____

8. Mobile Number : _____

9. Permanent Address :

_____

_____

10. Communication Address:

_____

_____

2. ACADEMIC DETAILS

1. Programme: _____

2. Department: _____

3. Campus : ☐ CEG ☐ MIT ☐ AC Tech ☐ SAP

4. Current Year of Study : _____

5. Current Semester : _____

6. CGPA : _____

7. Number of Credits Completed: _____

8. Number of Arrears, if any: _____

9. Details of Arrears, if any:

_____

10. Expected Date of Completion of Programme at Anna University:

_____

3. DETAILS OF THE PROPOSED EXCHANGE PROGRAMME

1. Name of Host University / Institution:

_____

2. Country: _____

3. Name of Programme / Department at Host University:

_____

4. Duration of Exchange:
☐ One Semester
☐ Two Semesters

5. Proposed Period of Study:
From _____ To _____

4. ACADEMIC PLAN DURING EXCHANGE

ANNA UNIVERSITY, INDIA			**HOST INSTITUTION**		
Course code	Course Title	Number of credits	Course code	Course Title	Number of credits
Total			Total		

Have the proposed courses been discussed with / approved by the Department?
☐ Yes ☐ No

Remarks / Course Equivalence Details:

_____

_____

5. STUDENT'S STATEMENT

I hereby declare that the information furnished in this application is true and correct to the best of my knowledge. I understand that participation in the Student Exchange Programme is subject to the rules and regulations of Anna University and the Host University.

I undertake to:

- comply with the academic and disciplinary requirements of both institutions;
- complete the approved courses during the exchange period;
- maintain satisfactory academic performance;
- obtain prior approval for any change in courses or academic plan;
- return to Anna University and complete the remaining academic requirements as prescribed;
- submit the required academic documents, transcripts and reports after completion of the exchange programme.

Place : _____

Date : _____

Signature of the Student : _____

Name : _____

6. RECOMMENDATION OF THE HEAD OF THE DEPARTMENT

I have examined the student's academic record and proposed academic plan for the exchange programme.

☐ Recommended
☐ Not Recommended

Remarks:

_____

_____

Name of the Head of the Department:

_____

Signature : _____

Date : _____

Official Seal