

CENTRE FOR ACADEMIC COURSES ANNA UNIVERSITY CHENNAI - 600 025

$\frac{\textbf{APPLICATION FOR ADDITION AND EXEMPTION COURSES FOR}}{\textbf{AFFILIATED INSTITUTIONS}}$

Name of the Student	:		
Register No:	:		
Name of the Degree and Branch	:		
Name of the College and University	:		
Address for Communication	:		
Contact Details	:	Landline:	Mobile:
Year of Admission	:		
The Regulation under which the student was admitted	:		
Transfer Candidate (if yes, give the following details)	:	Yes /No	
Transfer from College / University	:		
Transfer To College / University	:		
Discontinuance	:	Year:	Semester:
Readmission	:	Year:	Semester:
The Regulation under which the student was readmitted			
Lateral Entry (if yes, give the following details)		Yes / No	
Diploma	:	Yes / No	
B.Sc.	:	Yes / No	
The following Enclosures should be submitted:			
I. Mark sheets for the semesters completed : Yes / No II. Order for Readmission / Transfer			
Signature of the Candidate with Date		Signature of the Principal with Seal	