



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 1st 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 : Semester :
Break of Study is sought for : 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. Mention 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 : Yes / No
course is adequate to complete the course as per :
Regulations (Tick the relevant column)
13. Reasons for the request of break of study (please : Medical / Personal
specify)
(Full time students are eligible for break of study
if they go for higher studies or Job or training
programmes)
(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. : FromTo.....
 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. : FromTo.....
 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 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 will not be processed unless all the required details are submitted to the Director, Academic Courses along with your application.