



J.N.N INSTITUTE OF ENGINEERING AUTONOMOUS

NAAC 'A' Grade | Approved by AICTE | Affiliated to Anna University

OFFICE OF THE CONTROLLER OF EXAMINATIONS

APPLICATION FOR AUTHORISED BREAK OF STUDY

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|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 1. Name of the Student | | | | | | | | | | | | | | | | | | | | | |
| 2. Register No. | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | | | | | | | | | | | | | | | |
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| 3. Department in which studying | | | | | | | | | | | | | | | | | | | | | |
| 4. Degree and Branch of Study | Degree:.....Branch..... | | | | | | | | | | | | | | | | | | | | |
| 5. Month and Year of admission to the FirstSemester | | | | | | | | | | | | | | | | | | | | | |
| 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 now | Semester:.....Duration:months Period From.....To..... | | | | | | | | | | | | | | | | | | | | |
| 8. No. of semesters yet to be completed | | | | | | | | | | | | | | | | | | | | | |
| 9.The Session and Academic Year during which the student proposes to rejoin and continue the study | | | | | | | | | | | | | | | | | | | | | |
| 10.Mention the academic year in which the maximum period for completion of the programme normally ends as per Regulations (UG / PG) | | | | | | | | | | | | | | | | | | | | | |
| 11.Whether the remaining period after rejoining the study is adequate to complete the programme as per Regulations (Tick the relevant) | Yes / No | | | | | | | | | | | | | | | | | | | | |
| 12.Reasons for the request of break of study (please specify) <ul style="list-style-type: none">• 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 Specify the reasons: | | | | | | | | | | | | | | | | | | | | |

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| 13.Full Address for Communication during the time of break of study (with Pin Code & Email ID / Mobile Phone No.) | |
| 14.Details of the arrear courses from the previous semesters to be completed if any, add separate sheets if necessary. Grade sheets of the completed semesters are to be enclosed. | |
| 15. Details of break of study (BOS) availed previously, if any. | From.....To..... Semester(s):..... (during which BOS was applied earlier) |
| 16.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) |
| 17.Remarks of the HOD shall be based on Satisfactory replies given on all items 1 to 16 by the students) | Eligible for the break of study (Yes/No) |

Kindly accept my request for the Break of Study based on the details furnished above.

Student's Signature with Date

Signature of the parent

Enclosure: as mentioned in items 12 & 14

- ❖ *Application should reach Principal's office, not later than the last date of registering for the semester examination.*
- ❖ *Before applying to the break of study refer to the regulations of the programme and submit the form if you have valid reason.*

Verified

Recommended & Forwarded

Class Coordinator

Head of the Department

Approved / Not approved

Date:

PRINCIPAL

Note:

Original application with enclosures to be submitted to COE office after getting the approval from the Principal;

During the period of break of study, if the student has any arrear, he/she can register and appear for supplementary examination as a private candidate.