



KONGU ENGINEERING COLLEGE

(Autonomous)

PERUNDURAI ERODE – 638 060

APPLICATION FOR AUTHORISED BREAK OF STUDY

1.	Name of the student	:	
2.	Register No.	:	
3.	Department in which studying	:	
4.	Programme and Branch of study	:	Programme: Branch:
5.	Month and year of admission to the I semester	:	
6.	Regulation under which the student got admission to the I semester	:	
7.	Mode of study	:	Full Time (Regular / Lateral) / Part-time
8.	Details of number of semesters completed before of break of study (Specify the academic year / period)	:	
9.	Semester, Duration & Period for which the Break of study is sought for	:	Semester : Duration : Period From _____ To _____
10.	The session and Academic year during which the student proposes to rejoin and continue the course	:	Session : Odd / Even Academic Year:
11.	Mentioned the academic year in which the maximum period for completion of the programme normally ends as per Regulations (UG/PG) under which student got admitted	:	
12.	Whether the remaining period after rejoining the course is adequate to complete the course as per Regulations	:	Yes / No
13.	Reasons for the request of break of study (Please specify) (Relevant Certificate is to be enclosed for that period)	:	Medical / others(Specify)
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)	
<p>Note : Your application for Break of Study will not be processed unless all the required details are submitted to the Principal along with your application</p> <p>Station : _____ Date: _____</p>		
18. Remarks and Endorsement from the Class Advisor	SIGNATURE OF THE STUDENT	
NAME AND SIG. OF THE CLASS ADVISOR		
19. Remarks of the HOD (Recommendations shall be based on Satisfactory replies given on all items 1 to 17 by the students)	: Recommended / Not recommended	
SIGNATURE OF THE HOD		
20. Remarks of the DEAN	Recommended / Not recommended	
SIGNATURE OF THE DEAN		
Supdt.	REGISTRAR	COE
Approved / Not Approved		
PRINCIPAL		