



# 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)	:	

