



KONGU ENGINEERING COLLEGE

(Autonomous)

PERUNDURAI ERODE – 638 060

APPLICATION TO AVAIL THE AUTHORISED BREAK OF STUDY

1.	Register No.	
2.	Name of the student	
3.	Mobile Number	
4.	Programme and Branch	
5.	Current Semester	
6.	Year of admission to the 1 st Semester	
7.	Regulation under which the student got admission to the 1 st Semester	
8.	Semester, Duration & Period for which the Break of study is sought for	Semester : Duration : Period: From _____ To _____
9.	The Academic Year and Session during which the student proposes to rejoin and continue the course	Academic Year: Session : Odd / Even
10.	Whether the remaining period after rejoining the course is adequate to complete the course as per Regulations	Yes / No
11.	Specify reasons for the request of break of study (Relevant Certificate is to be enclosed for that period)	Medical ground / If other than medical, specify
12.	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)	
13.	Details of break of study availed previously if any	Semester: From _____ To _____
14.	Details of prevention due to lack of attendance (if any) during the course of study till the date of application for Break of Study	Semester:

Date:

Signature of the Student

Recommendation by the Class Advisor

Recommendation by the HOD

Name and Signature of the Class Advisor

Signature of the HOD

OS / Admission Section

REGISTRAR

Approved / Not Approved

COE

PRINCIPAL