



VIVEKANANDHA COLLEGE OF ENGINEERING FOR WOMEN

[Autonomous Institution Affiliated to Anna University, Chennai]

Elayampalayam – 637 205, Tiruchengode, Namakkal Dt., Tamil Nadu



OFFICE OF THE CONTROLLER OF EXAMINATIONS

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 : UG/PG..... Branch.....
5. Month and Year of admission to the I Semester :
6. Mode of Study : Full Time
7. Details of number of semesters completed before break of study (Specify the academic years / period) :
8. Semester, Duration & Period for which the Break of study is sought for : Semester:
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 course is adequate to complete the course as per Regulations (Tick the relevant column) : Yes / No
13. Reasons for the request of break of study (please specify) : Medical / Personal
(Full time 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)

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))

SIGNATURE OF THE STUDENT

18. Endorsement from the Faculty /Class : Advisor

**SIGNATURE OF THE CLASS ADVISOR/
FACULTY ADVISOR WITH SEAL**

19. Remarks of the 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 :