

Register No.

Sethu Institute of Technology, Pulloor, Kariapatti -626115

 $(A{m n}\ Autonomous\ Institution\ Affiliated\ to\ Anna\ University,\ Chennai)$



Date:

Office of the Controller of Examinations

APPLICATION FOR AUTHORIZED BREAK OF STUDY

O			
Name of the student	:		
Degree and Branch of study	:		
Month & Year of admission	:		
Semester completed	:		
Semester studying	:		
Last Exam appeared (Month & Year): April / November			
Academic Year of Break of stud	y:		
*Reason for the break of stud (Proof to be attached)	dy:		
No. of standing arrears as on date: (if any, write subject codes	8)		
History of arrears as on date (if any, write subject codes)	:		
Here by I declare that the information furnished is true and genuine; So far I have not availed any break of study due to lack of attendance or any other reasons; I Know the maximum period of study to complete the course.			
Signature of the Parent NOTE: Application should reach Principal's of *Before applying to the break of study in	=	at date of registering for the semest the programme and submit the for	
Class Adviso	r He	ead of the Department	
Passed in Examination Advisory meeting held on	Board	Approve	d/Not Approved
		PF	RINCIPAL

Cc to:COE, HoD, Administrative Officer, Accounts Section.

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