ACADEMIC OFFICE
NATIONAL INSTITUTE OF TECHNOLOGY
TIRUCHIRAPPALLI - 620 015, TAMIL NADU, INDIA

APPLICATION FOR TEMPORARY BREAK OF COURSES

Name	**:**	
Programme	**:**	**MS (By Research), Ph.D.**
Roll Number	**:**	
Semester	**:**	
Department	**:**	
Specialization (For PG)	**:**	
Mention the Academic year during which the student was first admitted to UG / PG degree course	**:**	
Period of break in studies	**:**	**From to**
Reason for temporary break in studies (Evidence to be furnished if applicable)	**:**	
Signature of the student	**:**	
Remarks of the HoD	**:**	
Signature of the HoD	**:**	
Signature of the Associate Dean (Academic)	**:**	
Signature of the Dean (Academic)		