CENTRE FOR DISTANCE EDUCATION
ANNA UNIVERSITY:: CHENNAI-25.

APPLICATION FOR CHANGE OF STUDY CENTRE

Name of the Student :

Roll No. :

Batch/ Set :

Mob. No :

Course : MBA/ MCA/ M.Sc

Semester : I / II / III / IV

Specialization (if any) :

Name of Study Centre (Currently Studying) :

Reason for Change of the Study Centre :
(Copy of valid proof is enclosed)

Name and address of Study Centre :
(Where theCandidate wants to be transferred)

Kindly accept my request for Change of the Study Centre.

Date: Signature of the Student

Encl:

- Online Payment Receipt
- Copy of valid proofs

1. Change of the study center will be allowed only if the specialization required by the student isavailable
2. Request received in middle of semester & with in Chennai study centre will not be permitted.
3. Payment of **Rs. 100**/-should be made through Online Mode and the receipt should be enclosed along with this.

RECOMMENDATIONS OF THE COORDINATOR OF THE STUDY CENTRE [***NO DUES***]
(CURRENTLY STUDYING)

Date: Signature of the Coordinator

Study Centre Seal Name in Block letters:

(FOR OFFICE USE ONLY)

Study Centre Changed/ Not Changed **Approved/ Not Approved**

SET-INCHARGE **DIRECTOR (CDE)**

Date: