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

APPLICATION FOR CHANGE OF SPECIALIZATION

Name :

Roll. No. :

Study Centre :

Semester :

Current specialization :

Specialization now opted :

Reason(s) for change of specialization :

Mobile No. :

E-mail ID :

Kindly accept this application for change of specialization.

Date: Signature of the student

Encl:

Online Payment Receipt of Rs.500/-

Note:

1. Change of specialization will be allowed only if the specialization now opted is available in the Study Centre concerned
2. Application received at the beginning of **II / III Semester** only will be considered
3. Payment should be made through Online Mode and the receipt should be enclosed along with this.

(FOR OFFICE USE ONLY)

SPECIALIZATION Changed/ Not Changed **Approved/ Not Approved**

SET-INCHARGE **DIRECTOR (CDE)**

Date: