



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

Ph: 044-22357216

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: