

DISCONTINUATION REQUISITION LETTER

Date :

From

Name :

Register No :

Branch :

Department :

Hosteler :

Mobile No :

To

The Dean
Anna University
Regional Campus Coimbatore
Coimbatore – 641 046.

Through the Head of the Department

Sir / Madam,

Sub: AURCC – Discontinuation of the course – requested – reg.

I am studying _____ degree programme, _____ semester,
_____ (Branch), _____(Department) in
Anna University Regional Campus Coimbatore. Now, I wish to discontinue my course
due to _____(reason). Kindly permit me to discontinue my course.

Thanking You,

Yours obediently,

(Signature of the Parent)

(Signature of the Student)

Office Use Only

Forwarded to the Director, KDC
Permitted to Discontinue

Class Advisor

Forwarded and recommended
Head of the Department
(with Seal)

DEAN, AURCC