



तमिलनाडु केन्द्रीय विश्वविद्यालय
(संसद द्वारा पारित अधिनियम 2009 के अंतर्गत स्थापित)
CENTRAL UNIVERSITY OF TAMIL NADU
(Established by an Act of Parliament, 2009)
नीलक्कुडी परिसर Neelakudi Campus,
कंगलान्चेरी/Kangalancherry, तिरुवारुर Thiruvavarur - 610 005

CUTN-11(5)/2017-Students / 1158

24/08/2026

NOTIFICATION

In order to streamline the processing of requests relating to the **Exit Option under the Multiple Entry Multiple Exit (MEME) provisions of NEP 2020 and Discontinuation of Studies**, it is hereby notified the prescribed application forms for the purpose to be used by all Departments with immediate effect.

Encl.: Annexure – I [Form for Exit Option]
Annexure – II [Form for Discontinuation]

To

All Head of Departments, CUTN

Copy to

1. All Dean of Schools, CUTN
2. System Analyst – to upload in CUTN website
3. PS to VC, CUTN
4. PS to Registrar, CUTN


24.08.2024
Dean (Academics)

प्रो. एस. नागराजन / **PROF. S. NAGARAJAN**
संकायाध्यक्ष (शैक्षिक) / **Dean (Academics)**
तमिलनाडु केन्द्रीय विश्वविद्यालय
Central University of Tamil Nadu
तिरुवारुर / **Thiruvavarur - 610 005**

ANNEXURE - II



तमिलनाडु केन्द्रीय विश्वविद्यालय

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नीलक्कुड़ी परिसर/Neelakudi Campus, तिरुवारूर/Thiruvavur - 610 005.

04366-277261.

APPLICATION FORM FOR STUDENT'S DISCONTINUATION

NAME OF THE STUDENT :

REGISTRATION NO :

PROGRAMME OF STUDY :

LAST DATE OF ATTENDANCE :

FEE PAID DETAILS (ATTACHED) :

- | | |
|---------------------------------------|--|
| ☐ SEMESTER I | ☐ SEMESTER VI |
| ☐ SEMESTER II | ☐ SEMESTER VII |
| ☐ SEMESTER III | ☐ SEMESTER VIII |
| ☐ SEMESTER IV | ☐ SEMESTER IX |
| ☐ SEMESTER V | ☐ SEMESTER X |

REASON FOR DISCONTINUATION :

SIGNATURE OF STUDENT WITH DATE

SIGNATURE OF HOD

DATE:

SIGNATURE OF DEAN OF THE SCHOOL

DATE:



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APPLICATION FORM FOR STUDENT'S EXIT OPTION

NAME OF THE STUDENT :

REGISTRATION NO :

PROGRAMME OF STUDY :

LAST DATE OF ATTENDANCE :

FEE PAID DETAILS (ATTACHED) :

- | | |
|---------------------------------------|--|
| ☐ SEMESTER I | ☐ SEMESTER VI |
| ☐ SEMESTER II | ☐ SEMESTER VII |
| ☐ SEMESTER III | ☐ SEMESTER VIII |
| ☐ SEMESTER IV | ☐ SEMESTER IX |
| ☐ SEMESTER V | ☐ SEMESTER X |

REASON FOR EXIT :

DEPARTMENT FACULTY COMMITTEE RECOMMENDATION (ATTACHED): YES NO

PREVIOUS SEMESTER MARKSHEETS (COPY ATTACHED) : YES NO

SIGNATURE OF STUDENT WITH DATE

SIGNATURE OF HOD

DATE:

SIGNATURE OF DEAN OF THE SCHOOL

DATE: