

STUDENT SERVICE

Application for a semester of leave

Enrolment no.: _____

Last name: _____

First name: _____

Studies: BA Contemporary Dance MA Movement Research MA Dance Pedagogy
 Academy for Contemporary Dance & Ballet (AZB)

Enrolled in the ____ semester

I request leave of absence in the winter semester _____ /summer semester _____

I acknowledge that in order to continue my studies, I must re-enrol by transferring the tuition fee on time, usual deadlines apply. Otherwise, further enrolment is not possible.

IMPORTANT: the current ÖH fee + insurance must still be paid for the semester on leave!

Reason:

Place, date

Signature student

(Legal representation for minors)

The following signatures must be obtained from the student before submission:

1. MAJ-Lecturer: _____

2. Institute Director: _____

3. Library: _____

To be carried out by Student Service:

Approval Dean: _____