

STUDENT SERVICE

## Application for shortening of study time

(Prerequisite: Subjects can be completed in the shortened time)

Enrolment no.: \_\_\_\_\_

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Studies:  BA Contemporary Dance  MA Movement Research  MA Dance Pedagogy

Enrolled in the \_\_\_\_ semester

I request to shorten my studies by \_\_\_\_\_ semesters and be transferred in the last semester from the winter semester \_\_\_\_\_ /summer semester \_\_\_\_\_.

\_\_\_\_\_  
Place, date

\_\_\_\_\_  
Signature student

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

1. Opinion MAJ-Lecturer: \_\_\_\_\_  
\_\_\_\_\_

2. Signature Institute Director: \_\_\_\_\_

To be carried out by Student Service:

Approval Dean: \_\_\_\_\_