

Application for shortening of study time

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

Enrolment no.: _____

Last name: _____ First name: _____

Street, No.: _____

Postcode, city: _____

Tel.no.: _____

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: _____