

STUDENT SERVICES AND EXAM OFFICE

Application for shortening of study time (Prerequisite: Subjects can be completed in the shortened time)

| Enrolment no.: | |
|--|---------------------------------------|
| Last name: First n | ame: |
| Street, No.: | |
| Postcode, city: | |
| Tel.no.: | |
| Studies: BA Contemporary Dance MA Mov | vement Research 🛛 🛛 MA Dance Pedagogy |
| Enrolled in the semester | |
| I request to shorten my studies by semes | |
| the winter semester/summer semester | · |
| Place, date S | ignature student |
| The following signatures must be obtained from th | e student before submission: |
| 1. Opinion MAJ-Lecturer: | |
| 2. Signature Institute Director: | |
| To be carried out by Student Services and Exam Office Approval Dean: | |

ANTON BRUCKNER PRIVATUNIVERSITÄT I Student Services and Exam Office Alice-Harnoncourt-Platz 114040 Linz I T +43 732 701000 260 I <u>studium@bruckneruni.at</u> I <u>www.bruckneruni.at</u> Data protection information according to Art. 13 and Art. 14 DSGVO: https://www.bruckneruni.at/en/quicklinks/data-protection