

## 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 Services and Exam Office:

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