

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