

Application for semester repetition

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 <u> </u>	
I would like to repeat thesemester in the winter semester	
/summer semester	with MAJ 🔲 without MAJ
Has the artistic exam already been completed	(all parts)?
Reason:	
Place, date	Signature student
The following signatures must be obtained from the student before submission:	
1. MAJ (major artistic subject) Lecturer:	
2. Institute Director:	
3. Course Director (only for AZB):	
To be carried out by Student Services and Exa	m Office [.]
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ANTON BRUCKNER PRIVATUNIVERSITÄT I Student Services and Exam Office Alice-Harnoncourt-Platz 1 I 4040 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