

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 ____ semester

I would like to repeat the ____ semester in the winter semester _____

/summer semester _____ with MAJ without MAJ

Has the artistic exam already been completed (all parts)? yes no

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 Exam Office:

Approval Dean: _____