

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

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

I would like to repeat the _____ semester in the winter semester _____
/summer semester _____ with MAJ without MAJ

Reason:

I would like to repeat both the _____ and _____ semester in the winter semester _____ and the
summer semester _____ because of an internship that spans two semesters

with MAJ without MAJ

Place, date

Signature student

The following signatures must be obtained from the student before submission:

1. MAJ (major artistic subject) Lecturer: _____

2. Institute Director: _____

To be carried out by Student Services and Exam Office:
Approval Dean: _____