



ANTON BRUCKNER
PRIVATUNIVERSITÄT



STUDENT SERVICES AND EXAM OFFICE

Registration for the Master Examination Movement Research

Enrolment no.: _____

Last name: _____ First name: _____

Street, no.: _____

Postcode, city: _____

Tel.No.: _____

E-mail: _____

Date:

Final Artistic Performance _____

Notes:

Place, date

Signature

PLEASE NOTE:

Please enclose the examination programme signed by the respective main subject teacher and institute director with the registration.

The programme presented complies with the current examination regulations:	
Main subject teacher's signature (to be obtained by the student)	
Signature Institute Director (to be obtained by the student)	

Pre-selection of the programme:	Date:
Dean's signature	
Main subject teacher's signature	
Signature Institute Director	

Examination programme:

Master-Examination Movement Research

Examination protocol

Examination part: Final Artistic Performance

Content: see examination programme

Grade: _____

Linz, on _____

Subject reviewer

Chair

Institute director

Committee member: _____

Grading scale: mit ausgezeichnetem Erfolg – mit sehr gutem Erfolg - mit Erfolg - ohne Erfolg