

Uni Assist Application Number:

\_\_\_\_\_

**Application for the M.A. Expanded Media Entrance Examination**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Expanded Storyworld	*Expanded Sound & Music	*Expanded Realities

\*Please choose your decision for one of the three pathways

Last Name <b>ZULFIKAR ALI</b>	First Name <b>ABDULMUNAF</b>	Gender <b>MALE</b>
Date of Birth <b>11-11-1999</b>	Place of Birth <b>THIRUVANANTHAPURAM, KERALA</b>	
Country <b>INDIA</b>	Post Code <b>695020</b>	Phone Number <b>8848 452655</b>
City <b>THIRUVANANTHAPURAM</b>	Street <b>SHANTHIVILA</b>	E-Mail <b>munaFzulFikar@gmail.com</b>

Last Name: ZULFIKAR ALI

First Name: ABDULMUNAF

1. I have applied at Darmstadt University of Applied Sciences for the Master or Arts Expanded Media previously and have taken the Entrance Examination before.

- No                       Yes, in the year \_\_\_\_\_
- I passed the Entrance Examination
- I did not pass the Entrance Examination

2. I have enclosed my proof of English language proficiency of at least level B2  Yes  No

3. I have enclosed my CV in English language  Yes  No

4. I have enclosed additional references  Yes  No

References (if applicable) can be publications, awards, work experience, recommendation letters, participation in film festivals or exhibitions etc

5. I have enclosed my expose about my intended field of research  Yes  No

6. I have enclosed a Motivation Statement  Yes  No

Indicating your chosen pathway and our personal interest in this Master course and the chosen pathway

7. I have enclosed my digital portfolio (data device) with 3-5 work samples  Yes  No

	Title	Format/Genre
1	DOCUMENTARY PROJECT SEMESTER 5	PDF MP4
2	EXPERIENCE CERTIFICATE	PDF
3	INTERNSHIP CERTIFICATE	PDF
4	SEMESTER 6 PROJECT	PDF
5		

Last Name: ZULFIKAR ALI

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8. I hereby declare that my digital portfolio is based on unaided work. I have specified all elements within the submitted body of work that result from joint authorship or that were taken from other sources. Furthermore I certify that all information and references regarding my person are true and correct to the best of my knowledge.

30-05-2024 THIRUVANANTHAPURAM	
Date, Place	Signature