

Entrance Examination Application Form 2024

B.A. Augmented and Virtual Reality Design

Application	Number:					
Last Name		First Name		Gender		
Date of Birth		Place of Birth				
Country		Post Code		Phone Number		
City		Street		E-Mail		
				for the Bachelor AVRD (formerl ce Examination before.		
□No	Yes, in the year					
	☐ I passed the Entrance Examination					
	☐ I did <u>not</u> pa	ss the Entrance Examir	ation			
	losed my CV in E		□Yes	□No		
Educat	ion					

Artistic, musical, technical or scientific interests, civic activities (if applicable)

comparable (e.g. games, interactive media

Practical experience, competencies and software skills related to the creation of XR (AR/VR) experiences or

have enclos	ed my motivatio	nal statement	□No	Yes	
		nimation & Game in . Answer the followir		e on a separate typed sheet. Lengt	h: ca.
	ef outline of your ex apply for this progra	•	d of Augmented a	nd Virtual Reality and how they infl	luenced yo
	your career goals a you in reaching thes		ou expect the Au	gmented and Virtual Reality Design	n program
	ements and charactorial and relevant?	eristics of the Augme	ented and Virtual	Reality Design do you consider par	rticularly
	ur particular person and Virtual Reality		and talents which	in your opinion qualify you for stud	dying
Portfolio For	m				
nologies used	number of compon y resources such as	ents/elements. In ca	se of team projec	nclude: title, genre, format, year of cts clearly identify your personal co r code identify these clearly	
	Title and description			Credits and References	
Work Sample 1					
	Title and description			Credits and References	

and description	Credits and References
that my digital portfolio is based on u itted body of work that result from join	
Signatura	
_	Signature

Augmented and Virtual Reality Design Entrance Examination 2024

Parental/Guardian Consent Form for Minor Applicants

I/we hereby give consent for my/our child to apply for the B.A. Expanded Realities at Darmstadt University of Applied Sciences in Darmstadt, Germany and take the Expanded Realities Entrance Examination.

LAST NAME OF CHILD	FIRST NAME OF CHILD
CHILD'S DATE OF BIRTH	CHILD'S ADDRESS
LAST NAME OF PARENT/GUARDIAN 1	FIRST NAME OF PARENT/GUARDIAN 1
DATE, PLACE	SIGNATURE
LAST NAME OF PARENT/GUARDIAN 2	FIRST NAME OF PARENT/GUARDIAN 2
DATE, PLACE	SIGNATURE