

Application for Cancellation of Enrolment in _____ Semester 20__ / ____

Please note: Applications for cancellation of enrolment must always be submitted by one day before lectures begin of the semester in which the cancellation is to take effect.

By cancelling your enrolment, you give back your place of study permanently.

Student ID number: _____

Last name: _____

First Name: _____

Street address: _____ Phone: _____

Postal code & city: _____

Please include the following documents with your application:

1. Unicard

Your bank account information (see below)

Reason for the cancellation:

- I have been admitted to a degree program with restrictive admissions at another higher education institution (include letter of acceptance)
- I have begun a job or vocational training (copy of employment or training contract)
- Other reasons (include any applicable evidence)

Please provide your bank account information so we can refund your semester fees:

| | |
|-----------------|-------|
| IBAN : | _____ |
| BIC : | _____ |
| Name of bank: | _____ |
| Accountholder : | _____ |

I confirm that the information I have provided is correct.

Place, Date _____ Signature _____