

Application for Ex-matriculation

Course of Studies:	
Date of ex-matriculation: - cannot apply retrospectively -	

Surname, first name:		
Matriculation number:		Date of birth:
Street, house number:		
Town / post code:		
Telephone:		
E-mail address:		

Reason of ex-matriculation: **(please mark with a cross where applicable)**

- 02 Interruption of studies
- 04 Change of university
- 05 Voluntary military service, federal or youth voluntary service
- 06 Final termination of studies
- 09 Other

Enclosures:

- CampusCard
- Form showing that all responsibilities have been discharged (Discharge of liability)

I confirm the completeness and correctness of the information provided.
 I have taken note of the information below.

Place and date	Signature
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- If you give no date, the date of receipt of your application applies.
- Inform the BAföG-Amt immediately that you have been ex-matriculated. This will avoid the risk of over-payment.
- If the application for ex-matriculation is not made within one month of the start of the semester, only the Semesterticket can be refunded.
 Apply to AStA: <https://www.jade-hs.de/studium/waehrend-des-studiums/wohnen-und-leben/campuscard/>

Discharge of liability

(not for graduates)



The institutes or departments listed below should confirm that in the case of this student there are no outstanding bills/accounts or liabilities. Please write in block capitals.

Surname, first name: _____

Matriculation number: _____ Course of studies: _____

Department	Date / Signature
Caretaker (Weserstr. 52) Mo-Thu von 13.00-14.00 o'clock	
Library	
Registry Office - Calculator	
Registry Office - CampusCard	

Reimbursement:

If you complete your studies before April 1st (summer semester) or October 20th (winter semester) your re-matriculation fee will be reimbursed. Please fill out your bank details:

Name of account holder:		
IBAN:		
Bank:		BIC:

To be filled out by the administration office:

- CampusCard received _____
- Ex-matriculation form sent _____
- Pension fund statement _____
- Notification of health insurance _____
- Reimbursement of semester fees authorized on _____
- Filed _____