

Application for Cancellation of Enrolment

Course of Studies:	
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Surname, first name:		
Matriculation number:		Date of birth:
Street / number:		
Post code/ Town or city:		
Telephone:		
E-Mail address:		

<input type="checkbox"/> I hereby apply for the reimbursement of fees paid.	
<input type="checkbox"/> My CampusCard is included.	
Name of account holder:	
IBAN:	
Bank:	BIC:

I hereby confirm the completeness and correctness of the information provided. I have read the notes below.

_____	_____
Place and date	Signature

Notes

The cancellation of enrolment can be requested within **one month of the start of classes**.

The enrolment is then deemed not to have taken place.