UNIVERSITÄT ERFURT

APPLICATION FOR REVOCATION OF ENROLLMENT

for the ☐ winter/ ☐ summer semester _____

Surname, first name: _____

Date of birth: _____

Matriculation number: _____

Course of studies: _____

Phone number: _____

Please mark with a cross where applicable:

☐   I enclose the documents (student ID/thoska) already sent to me with this application.

☐   I have not yet received my student documents (student ID/thoska).

This application must be submitted together with your student ID/thoska (if you already have one) before the start of the semester, i.e. for the **summer semester** by **31.03. at the latest**, or for the **winter semester** by **30.09. at the latest** to the Department 1: Registrar's Office (**cut-off deadline**).

In the event of revocation within the aforementioned deadline, you will be deemed not to be enrolled.

> For the purpose of meeting the deadline, you can use the **in-house mailbox at the main gate of the Nordhäuser Straße campus (until midnight)**.

I hereby withdraw from my enrollment effective immediately.

Place, Date _____   **Signature student** _____

Notices:
1.   If a student ID (thoska) has already been issued, it must be enclosed with the application!
2.   A refund of the fees and charges paid by you as a prerequisite for enrollment will only be made upon application (see 2nd page). If your student ID (thoska) has already been issued, the refund amount will be reduced by the fee for the student ID.
3.   If your application for revocation is received **after 31.03.** (for the summer semester) or **after 30.09.** (for the winter semester) or **incomplete**, you will be considered enrolled **for the current semester**. In this case, you can only apply for exmatriculation to terminate your studies at the University of Erfurt. In this case, a refund of fees and charges can only be applied for if you can prove that you have accepted a place on a **restricted-admission course at another university** in the first month of the semester.

Department1: Registrar's Office
PF 900 221, 99105 Erfurt
Phone: 0361 737 5100
Fax.:   0361 737 5109

E-Mail: studierendenangelegenheiten
@uni-erfurt.de
Office Hours:
Mondays - Thursdays, 12.00 noon - 3.00 pm
or by arrangement

APPLICATION FOR REFUND

of paid fees and contributions for the

☐ **winter/**   ☐ **summer semester** _____

Personal data:

(please fill out legibly and completely)

Surname, first name: _____

Matriculation or application number: _____

Street and number: _____

Postal code, city: _____

Phone number: _____

Bank details:

Payment recipient: _____

BIC: _____

IBAN: _____

Bank name: _____

I request the refund

☐   of long-term study fees.

☐   of fees and contributions.

Attention:

- For a refund of the semester fee, the application **incl. student ID (thoska)** must be submitted to the Department 1: Registrar's Office **before the start of the semester**.
  (Semester start date winter semester: 01.10., summer semester: 01.04.)
- If the student ID (thoska) is not submitted in time, the semester fee will **not** be refunded!

Date   _____   **Signature student** _____

Ermittlung des zu erstattenden Betrages (will be filled out by university):

Erstattungsbetrag = _____,____ €

Begründung: ☐ Exmatrikulation **vor** Semesterbeginn   ☐ Überzahlung
                ☐ Beurlaubung **vor** Semesterbeginn   ☐ Erlass Langzeitstudiengebühren
                ☐ Rücknahme der Immatrikulation   ☐ nicht vom Verwahrkonto
                                                                        erstatten

Auszahlungsanordnung:
sachlich richtig   und   rechnerisch richtig

                                        Unterschriften