

Application for a leave of absence for summer semester 2020
(also serves as application for re-registration)

Registration no.

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Last name, First name _____

Please note:

This application for a leave of absence must be submitted **by the beginning of the teaching period (May 11th, 2020) at the latest**. In exceptional cases (e.g., illness, births or death in the family), the application must be submitted immediately following the event, **by the end of the lecture period at the latest**.

Important information on payment of fees:

You are always required to pay the **70 euros** in administrative fees, the **56 euros** in semester fees and the **7 euros** for the student body (a total of **133 euros**) during the re-registration period in the case of a leave of absence.

Please note that if you have already re-registered for the semester, you can only receive a reimbursement for the solidarity contribution (initial fee for the Semester Ticket) of 22 euros if you apply for a leave of absence before the beginning of the semester (1 April or 1 Oct.).

I am applying for a leave of absence for the following reason:

Corona pandemic (§ 34 Corona statutes)

At the same time I apply for a refund of the tuition fees already paid:

International students who are obligated to pay tuition fees and who have already paid their tuition fees may be refunded, provided that the application for leave of absence is submitted before the start of the lecture period.

No

Please keep the tuition fees as credit for the winter semester 20/21 in my account.

Yes

Please fill out the following fields.

Account owner _____

Matriculation No. _____

Address _____

E-Mail _____

IBAN _____

BIC _____

Bank _____

Town _____

Country _____

1. Change of name

(Please enclose evidence of the change, your course transcript book, and a passport photo)

New surname: _____

First name: _____

Previous surname
or name at birth: _____

2. Change of address (e.g., parents' address)

Street/house no.: _____

Address supplement: _____
(c/o, room no.)

Postal code/city: _____

If the address is in a foreign country,
please indicate the international vehicle registration code: _____
(e.g., CH for Switzerland)

Telephone number: _____ / _____

E-Mail address: _____

I confirm that the data I have provided is correct.

Location, Date _____ Signature _____