

University receipt date stamp:



To the  
University of Freiburg  
Student Service Center  
International Admissions and Services  
D-79085 Freiburg i. Br.

- First application  
 Subsequent application

**Application**  
**for exemption from the compulsory fee for international students on  
the grounds of a mandatory internship**

Deadline for application: during re-registration (winter semester: 01.06.-15.08., summer  
semester: 15.01.-15.02.), but no later than the start of lectures for the applicable semester

Matriculation	Date of birth
Surname	First name
Street address	Postcode, home town
e-mail	Telephone

For the \_\_\_\_\_ **summer semester/winter semester** I hereby apply for **exemption from the compulsory fee** in accordance with Section 6(2) Landeshochschulgebührengesetz (LHGebG, State University Fees Act) for the following reasons:

**Please tick as applicable and enclose the necessary documents, EITHER the original OR a certified copy.**

**Practical study semester** – this is only the case if it is integrated in the relevant degree studies in accordance with the examination regulations

Documentation:

For students undertaking teacher training:

Certificate of registration for the applicable semester from the school where the internship is to take place. A final certificate that you have completed the school's internship semester must be submitted before re-registration for the next semester at the latest. If this certificate is not submitted, re-registration for the next semester can only take place if the tuition fees for the semester in which you undertook your teacher training are paid in full.

For students on other degree programs:

- Certificate from the internship supervisor or the program coordinator for your department, showing that you will conduct your mandatory internship within the above period.
- Signed internship agreement giving start and end dates.

**Completion of one-year internship** on a Medicine degree program

Documentation:

Allocation notice for the one-year internship for the Faculty of Medicine of the University of Freiburg giving start and end dates.

-----

**Declaration:**

By signing I confirm that the information I have given is **complete and correct**. I am aware that all information is used as the basis for reviewing the exemption from the compulsory fee and **I must notify the department International Admissions and Services immediately if there are any changes**.

I know that I must submit the application before the start of the lecture period for the relevant semester and **that an application for exemption does not release me from the obligation to pay tuition fees promptly**. The university will reimburse me if my application is successful.

Town/city, date	Signature
-----------------	-----------