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TECHNISCHE HOCHSCHULE
OSTWESTFALEN-LIPPE
UNIVERSITY OF
APPLIED SCIENCES
AND ARTS

Request for refund and exemption

First Name, Last Name: _____

current address: _____

Matriculation Number: _____   Study Program: _____

I herbey request   Refund / exemption of Semesterbeitrag

Refund / exemption of Mobilitätsbeitrag

Reason of Refund/ Exemption
(Please select as appropriate and attach relevant documents/evidence):

Bank details (only required in case of a refund)

IBAN

BIC

Name of financial institution

The application for exemption or reimbursement must be submitted to the Admissions Office by April 15 of the current summer semester or by October 15 of the current winter semester, together with the relevant supporting documents. Th above-mentioned documents must be submitted as originals or certified copies

I hereby confirm that the information I have provided is correct and complete.

_____   _____
Place, Date   Signature Applicant

to be filled by enrollment office

Application approved   ☐   not approved

Refund in total   should be credited to the above bank account

_____   _____
Place, Date   Signature Enrollment Office

aktualisiert: 09.2024