

Name, first name:

Student no.:

Address:

Date of birth:

Phone:

Deggendorf Institute of Technology
Dieter-Görlitz-Platz 1
94469 Deggendorf

I hereby request a refund of the student union fee

in the amount of €

for the WS / SS to the following bank account:

IBAN:

BIC:

Bank:

Account holder:

Reason for refund:

- Exmatriculation before the start of the semester_(30.09. / 14.03.)
In this case, the student ID must also be handed in
- Withdrawal of enrolment for the WS / SS
- Multiple payments for the WS / SS

Place

Date

Signature

Processing comment of the Centre for Studies

- Request in Order
- Student ID received
- Forwarded to Payment Office on: _____

Date, Signature Responsible Clerk