

Herewith I apply for the Reimbursement of the semesterticket contribution.

Semester of application WiSe
 SuSe

Type of Application

first application follow-up application

Personal information

Last name:	<input type="text"/>	First name:	<input type="text"/>
Street:	<input type="text"/>	Post-Code:	<input type="text"/>
City:	<input type="text"/>	Field of study:	<input type="text"/>
Phone:	<input type="text"/>	Matric.No.:	<input type="text"/>
Mobil:	<input type="text"/>	Email:	<input type="text"/>

Bank detail

IBAN: BIC:

Account holder:

Statement of justification

If you sent your Studychip via Mail, you take the responsibility in case of a loss. Please choose one of the following options, how we should proceed with your studychip:

- We should send you back your studychip via a registered letter. Please add stamps worth 2,42 EUR in your application.
- We should send you back your studychip via normal letter. We assume no responsibility in case of a loss.
- In case you have a physical disability, we refund the return delivery.
- You pick up your studychip in the semesterticket office.

I certify that I have read and understood all information set forth in this application and the information I have completed on this form are true and correct to the best of my knowledge and belief, what I confirm with my signature. Wrong information can be legally prosecuted.

Place, Date: _____ Signature: _____