

To the:

Allgemeinen Studentischen Ausschuss (AStA) der Europa-Universität Viadrina Frankfurt (Oder) Große Scharrnstraße 59, 15230 Frankfurt (Oder)

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Please fill in on the computer

(this document is solely a translation of the German form and has no legal binding)

Request					
For a refund					
According to §5	der Bei	tragsordnung der S	tudierendensch	naft der E	EUV
for □de-registra	tion [vacation semester	□semester ab	road 🗆	physical disability
Special notes:					
•		y refunded for full mo	nths)		
Applicant Name, first nar	ne:			Matr.Nr	:
Address:					
Contact details	in cas	e of possible inqui	iries:		
E-Mail:					
Phone number	: [
I am sending the documents to this rec		uest:		,	following
☐ The bar	nk statem	ent that verifies the pay	ment to EUV and		
☐ The re-r	egistratio	n letter from the EUV o	r		
☐ A verific	ation of th	e time of a vacation se	mester or		
☐ A verific	ation of th	ne time spent abroad (fr	om the university	abroad) or	
☐ A verific	ation of p	hysical disability			
The money is t	o be se	nd to the account	:		
Account owner	r:				
IBAN:					
BIC:					

I acknowledge that in case of a refund the Semesterticket is not valid anymore and cannot be used as a ticket in public transport.

Date:	Signature:
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