

**To the**

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

**e-mail:** [asta-finanzen@europa-uni.de](mailto:asta-finanzen@europa-uni.de)

**please fill out on PC**

## Application

**for reimbursement** of the semester ticket for the

in accordance with §5 of the EUV student body fee regulations

**in case of**  exmatriculation  semester of leave  semester abroad  physical impairment

**special  
remarks:**

**study program:**

(The semester ticket is only refundable for full months)

### Applicant

**full name:**

**student number:**

**address:**

**contact details for possible queries:**

**e-mail:**

**telephone:**

**I attach the following documents to this application:**

- the **account statement** showing the payment to the EUV and
- das exmatriculation letter from the EUV **or**
- proof of the period of the semester of leave **or**
- einen proof of the stay abroad (from the foreign university)
- proof of the disability

**The amount is to be transferred to the following account:**

**account holder:**

**IBAN:**

**BIC:**

I am aware that if the fare amount is refunded, I will no longer be entitled to travel on the semester ticket.

**Date:** .....

**Signature:** .....