To: Fachhochschule Erfurt - Studierendensekretariat – Student Admissions Office PF 45 01 55 99051 Erfurt



## Application for a refund of fees

Last name, first name	e:	
Student ID number:		
Address:		
Amount paid:		
Reason for refund:		
Date of transaction:		
Name of bank:		
Account holder:		
IBAN:	<del></del>	
BIC:		
Town/city, date		Signature
		Calculation of the amount to be refunded
Cost centre:	19120299	(to be completed by the university)
Ledger account:	48630000	Amount to be refunded: €
		Reason:
Attachment		factually and arithmetically verified
	plicant does not have	
possession of a sen	nester ticket	Date
		Date: