

CENTRAL UNIVERSITY ADMINISTRATION – S2 STUDENTS' REGISTRATION OFFICE

18051 Rostock - Tel. 49 (0)381 498 1230 – email: studierendensekretariat@uni-rostock.de Address: Parkstraße 6, 18057 Rostock

Request for Reimbursement of the Semester Fee

I request the repayment of the semester fee amounting to €for			
winter semester 20	<i>/</i>	summe	er semester 20
to my account as detailed below.			
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Reason (please check the relevant):		Deregi	stration prior to the start of semester
		Double	payment
		Did not	enrol
			o much
		ו מוט נט	o much
Surname, Given Names	***************************************	••••••	
Student ID number	•••••	••••••	
Address	•••••	•••••	
	•••••	••••••	
Bank	•••••	••••••	
IBAN			
BIC (Bank Identifier Code)			
DIO (Darik identilier Oode)			
		•••••	Cinadora
	Date		Signature
<u>Please note</u> that requests for reimbursement must always be submitted prior to the start of semester, i.e.:			
for summer sem for winter semes	•		r
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Requests received at later dates cannot be processed.			
Only to be filled in by the Students' Registration Office:			
Beitrag vorhanden und korrigiert			
Datum	Unterso	chrift	
sachlich richtig Unterschrift / Teamleiterin			