



Otto-Friedrich-Universität Bamberg
Studierendenkanzlei
Kapuzinerstr. 25/Rückgebäude
96047 Bamberg

Request for refund of semester fees

Student number Surname, first name

Adress Post code, town/city

I have re-registered/enrolled for the and paid semester fees of€.

Because of

- my double payment/overpayment
my exmatriculation (student ID/chip card must be submitted)
Others

I request the reimbursement of€ to the following account:

Banking institution with location Account holder
[Grid of boxes for account details]

IBAN

BIC

I declare that the information I have provided is correct. I am aware that incorrect information may be prosecuted.

Processing notes (ONLY to be filled out by the Student Office)

Exmatrikulation von Studierendenkanzlei bearbeitet []

Die obigen Angaben werden bestätigt und weitergeleitet am an Abt. III.

Universität Bamberg, Studierendenkanzlei

Unterschrift

Otto-Friedrich-Universität Bamberg



Place, date

Signature

Processing notes (ONLY to be filled out by the Student Office)

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Unterschrift