



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:

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Banking institution with location

Account holder

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IBAN

.....
BIC

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

.....
Place, date

.....
Signature

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

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Unterschrift