

Name, first name:

Student no.:

Address:

Date of birth:

Phone:

Deggendorf Institute of Technology  
Dieter-Görlitz-Platz 1  
94469 Deggendorf

I hereby request a refund of the student union fee

in the amount of €

for the WS / SS to the following bank account:

IBAN:

BIC:

Bank:

Account holder:

**Reason for refund:**

- Exmatriculation before the start of the semester\_(30.09. / 14.03.)  
In this case, the student ID must also be handed in
- Withdrawal of enrolment for the WS / SS
- Multiple payments for the WS / SS

\_\_\_\_\_

Place

\_\_\_\_\_

Date

\_\_\_\_\_

Signature

---

Processing comment of the Centre for Studies

- Request in Order
- Student ID received
- Forwarded to Payment Office on: \_\_\_\_\_

\_\_\_\_\_

Date, Signature Responsible Clerk