

UNIVERSITY OF FREIBURG Student Service Center, Sedanstraße 6, 79098
Freiburg i.Br.

Application for Cancellation of Enrollment in _____ Semester 20 ____/____

Please note:

Applications for cancellation of enrollment must always be submitted by the beginning of the teaching period of the semester in which the cancellation is to take effect.

Student number: _____
Last name: _____
First name: _____
Street address: _____ Phone: _____
Postal code & city: _____

Please include the following documents with your application:

1. Your course transcript booklet
2. Your certificates of enrollment (both pages)
3. Your Unicard
4. To receive a refund for your semester fees, please include a copy of a bank statement confirming that you transferred the fees
5. Your bank account information (see below)

Reason for the cancellation:

- I have been admitted to a degree program with restrictive admissions at another higher education institution (include letter of acceptance)
- I have begun a job or vocational training (copy of employment or training contract)
- Other reasons (include any applicable evidence): _____

Please provide your bank account information so we can refund your semester fees:

IBAN/Acct. no.: _____
BIC/BLZ: _____
Name of bank: _____

Holder of acct.: _____

I confirm that the information I have provided in this application is true.

Place, Date _____ **Signature** _____