



APPLICATION FORM FOR REFUND OF THE STUDENT UNION MEMBERSHIP FEE

Name:	Date of birth:
Address:	
Postal code and city:	
Student number:	Phone number:
Banc account IBAN:	SWIFT:

I request for refund as follows (please tick the right option):

Membership fee of student union:

FSHs health care fee:

Academic year

Academic year

Autumn semester

Autumn semester

Spring semester

Spring semester

On what grounds do you seek refund:

I am a degree student

I am a doctoral student

Date:	Signature:
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Student services office fills:

Graduated: ____ / ____ 20____
Absent for the following period: ____ / ____ 20____ – ____ / ____ 20____
Further information:
Processing date: ____ / ____ 20____
Officer:

Academic year sticker removed from student card

Application form to be sent to Student services office by 30th of September concerning the autumn semester and by 31st of January concerning the spring semester. Please attach your payment receipt.