APPLICATION FOR REFUND OF SEMESTER BASIC FEES

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Please fill out the form in <u>block letters</u> .	
☐ Mr. ☐ Ms./Mrs.	received on:
urname	given names
date of birth	place of birth
address at Schmalkalden	
emailadress	
	☐ SS 20 ☐ WS 20/20
natriculation number	begin of the study = year
BAN-account number)	BIC
name, city and country of the bank Fill in the following information, if the applicant a	and the account holder are not the same!
name of the account holder if different from the applicant	
address of the account holder if different from the applicant	
The basic semester fees will be reimbursed, if the sto Schmalkalden.	udent registers their main residence in
This also applies to students who have already regist pefore beginning their studies.	
The application has to be submitted once at the begoe made only by bank transfer. The deadline for surplease send the application back to the citizens' cer	bmissions is either 31/05/ or 30/11/ of the year
semesterantrag@schmalkalden.de The basic semester fees are reimbursed for a maxim	
	f + b = + (01 /04 / 01 /10 /)

has not yet reached the age of 30 at the beginning of the semester (01/04/ or 01/10/). Applicants are obliged to inform the citizens' centre of Schmalkalden immediately of any change in the circumstances (legal registration status, matriculation status, bank details) which are relevant for the reimbursement of semester fees. The reimbursement of the semester fees is generally made after the end of the semester (May/June for winter semester or October/November for summer

semester) as well as after the university has checked the correct enrolment and the registration examination by the city of Schmalkalden has taken place. There is no legal claim to the reimbursement of basic semester fees.

Overpaid basic semester fees must be refunded immediately!		
By signing, I acknowledge the implementing regulations of the town of Schmalkalden regarding the reimbursement of basic semester fees and consent to the collection and further processing of my personal data necessary for processing my application.		
place, date	signature	