

Disclaimer

This document is a courtesy translation provided for your convenience. Please note that the original form must be opened and completed in the **German language**. Only the **German version** is legally binding.

To: Student Administration Office

Application for Withdrawal from Study

Personal details	
Surname	
Matriculation	
degree programme	
Street, house number	
Postcode, town	

I hereby request withdrawal from study on

date

month

year

The date of withdrawal from study can be no earlier than the date on which your application, signed by you, is received by Brandenburg University of Applied Sciences – please do not forget to state the reason for your withdrawal.

If the withdrawal from study is to take effect before the end of the current semester, please enclose your Campuscard with this application for withdrawal from study. For any refunds, please provide your bank details under "meinCampus portal" – "User information" – "View own files" – "Bank account".

Reason for withdrawal from study:

Interruption of studies

☐

Change of university

☐

Other reasons

☐

I hereby confirm that I have no outstanding obligations to Brandenburg University of Applied Sciences (library fees, keys, etc.).

Date / Signature of the student

Internal processing notes			
Examination	Campus card	Date of withdrawal	Certificate of withdrawal
Date, name sign	Date, name sign	Date of entry, name sign	Date of dispatch, name sign