

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.

Application for semester ticket refund

To: astasoz@th-brandenburg.de

General information

First name Name

Street & house number

Postcode and town

Email

Telephone or mobile number

Bank details (only if different from existing bank details)

Bank IBAN

Account holder (if different from applicant)

BIC (only required for foreign bank branches)

Reason for refund

- ☐ Student with disability
- ☐ Study abroad
- ☐ semester abroad
- ☐ Practical semester
- ☐ Withdrawal from study (proof: copy of withdrawal certificate)

Documents must be submitted as proof when submitting the application!

☐ Winter semester 20 /20. ☐ Summer semester 20

Signature

The applicant hereby confirms that all information provided is true and accurate. If any information provided is false or incomplete, the refund of the semester ticket fee will be denied or the amount already paid will be reclaimed.

Date

Applicant

Ticket

For internal processing
only, students are not
permitted to write in this
field!