Application for exemption from the obligation to pay contributions

Surname, first name:XXXXXXXXXX
Matriculation number:XXXXX
Address:XXXXX
XXXXX
Phone/E-Mail:XXXXXXXXXX
XXXXX
I hereby apply for exemption from the obligation to pay contributions in accordance with §2 of the fee regulations of the student body (Beitragsordnung der Studierendenschaft) of Bielefeld University for the WiSe/SuSeXX/XX, for the following verifiable reason:
 ☐ Study abroad ☐ Studying at a university within Germany where a Deutschlandsemesterticket is available ☐ Exmatriculation (only partial reimbursement possible, less partial months according to the exmatriculation date)
Please transfer the amount to this bank account:
IBAN:XXXXX
BIC (if necessary):XXXXX
If different, Bank account holder:XXXXX
I certify that the information I have provided is correct:
(Date, Signature)
I agree that the information I have provided may be passed on to the AStA-Secretariat
(Date, Signature)

I am enclosing the current evidence for the reasons I have asserted with this application. We will only process applications that have been completed completely, legibly and correctly.



Allgemeiner Studierendenausschuss der Universität Bielefeld Universitätsstr. 25 33615 Bielefeld

Secretariat Room: L4-121

Phone: 0521 / 106 - 3436

E-Mail: sekretariat@asta-bielefeld.de Web: www.asta-bielefeld.de



THIS
DOCUMENT IS
FOR
TRANSLATION
PURPOSES
ONLY!

ONLY THE
GERMAN
APPLICATION
IS VALID AND
CAN BE
SUBMITTED!

