

Application for Refund of Semester Ticket Fee

Please note the deadline for applications:

Summer semester up to **April 15**, and winter semester up to **October 15**.

The chip card must have been revalidated by **April 20** or **October 20**.

Please read the info sheet "Refund of Semester Ticket Fee"! A refund can only be given if the deadlines noted there are kept to!

Applications which are incomplete or submitted late will not be processed.

I hereby apply for a refund of the semester ticket fee for

Summer semester _____

Winter semester _____/____

Personal Details

Student ID number (<i>Matrikelnummer</i>)	
Family Name	
First Name	
Street, House Number	
Zip Code, Town	
Date of Birth	
Place of Birth	
E-Mail	
Telephone (optional)	

Reason for Refund	Required Proof
<input type="checkbox"/> Study abroad for at least 3 months during the semester of the application	✓ Semester Enrolment Certificate
<input type="checkbox"/> Double degree at two universities with compulsory purchase of the Deutschlandsemesterticket	✓ Certificate of Enrollment from the second university ✓ Confirmation of payment for semester ticket fee at second university
<input type="checkbox"/> Illness that makes it impossible to use public transportation for at least 3 months in the current semester	✓ Doctor's certificate (certificate of incapacity can not be accepted)
<input type="checkbox"/> Severe Disability	✓ Copy of Disability Pass ✓ Copy of Supplement to Disability Pass
<input type="checkbox"/> On-leave semester	✓ Semester Enrolment Certificate

Bank Details	
Account Holder	
IBAN	
BIC	
Bank	

Notes

I confirm that I have read the information about the semester ticket refund and that I have filled in all the details in this form accurately. <input type="checkbox"/> I confirm that my bank details can be passed to the AStA for the refund of the AStA fee (if not do NOT tick the box)	
_____ Place, Date	_____ Signature

To be completed by Hochschule Geisenheim University/Studierendenbüro:		
<input type="checkbox"/> Antrag genehmigt	_____ Datum	_____ Unterschrift
	_____ € Betrag	
<input type="checkbox"/> Antrag abgelehnt	_____ Datum	_____ Unterschrift

Grund der Ablehnung

To be completed by Hochschule Geisenheim University:

Rechnungswesen

Sachlich und rechnerisch richtig mit (€ _____):

Sachkonto:

Auftrag/Kostenstelle:

Geprüft und gebucht:

Überwiesen am:

Bettina Kiedrowicz (Dipl. Kffr.)
– Leitung Studium und Lehre –

Anordnungsbefugnis:

Anlagen-Nummer: