

Family Name, First Name
Street
Postcode, City
Matriculation Number
Telephone (optional)
E-mail (optional)
<input type="checkbox"/> I do not have access to a bank account

Bank
Bank Address (for non EU)
BIC OR international SWIFT Code ((for non EU)
IBAN
Account Number (for non EU)
Account holder, if not own account

An den Härtefallausschuss  
der Studierendenschaft der  
Universität zu Köln

Universitätsstr. 16  
50937 Köln

*(internal use only)*  
Für Vermerke des Härtefallausschusses  
Eingegangen am:

Geschäftszeichen:

## Application for refund of the contribution for the semester ticket and the NRW-Ticket for the \_\_\_\_\_ -semester 20 \_\_\_\_\_

- |   |
|---|
| <input type="radio"/> <b>Initial application</b><br><input type="radio"/> <b>Subsequent application (only admissible in the semester immediately following the first application)</b> |
|---|

*Please tick only one option in this field. For additional information or comments use page 3 only!*  
**I hereby apply for a refund of the fee for the semester ticket, because**

- I cannot be expected to pay the contribution due to financial hardship**
- I cannot reasonably use the semester ticket**
- I am severely handicapped and have official identification with a supplement and token**
- I am severely disabled and cannot use buses and trains because of the disability**
- I am staying abroad for at least four months of the application semester**
- I have exmatriculated within two months of the start of the semester and am not entitled to reimbursement of the social contribution according to § 4 of the contribution regulations**

*Please note the application deadlines on page 2 of the form!*

Personal details (only required in case of reimbursement due to financial hardship)		
Apartment	<input type="radio"/> own	<input type="radio"/> in parents' residence
Marital status	<input type="radio"/> single	<input type="radio"/> single, living with child's father/mother in a 'Bedarfsgemeinschaft'
	<input type="radio"/> Married / partnered	<input type="radio"/> divorced / separated living
Children	<input type="radio"/> no	<input type="radio"/> yes, number: _____; Age: _____
Health insurance	<input type="radio"/> own	<input type="radio"/> family insurance

## **DEADLINES FOR APPLICATION**

### **Financial hardship**

- by the end of the aforementioned semester

### **No reasonable use for semester ticket**

- within two months of the start of the semester
- if the application is submitted after the start of the semester, the refund amount will be reduced by one sixth after the first day of each month.

### **Stay abroad**

- within two months of the start of the semester
- if the application is submitted after the start of the semester, the refund amount will be reduced by one sixth after the first day of each month.

### **Severe disability**

- within one month after the start of the semester
- if the application is submitted after the start of the semester, the refund amount will be reduced by one sixth after the first day of each month.

### **Exmatriculation**

- within two months of the start of the semester
- if the application is submitted after the start of the semester, the refund amount will be reduced by one sixth after the first day of each month.

## **ATTENTION - IMPORTANT NOTE**

The processing time of the application can take up to 4 - 6 weeks. Please take this into account when planning a stay abroad, for example.

This application can only be made by students of the University of Cologne. Applications from students of other universities will not be processed by us. These must be submitted to the respective university.

*I am aware that incorrect and/or incomplete information can be prosecuted under criminal law and that unjustly refunded amounts can be claimed back.*

*I assure that my details are correct and complete.*

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Place, Date

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Student Signature

**The following documents, in original or copy, are attached** *(check what applies)*

**In principle, to be attached to every application (except for exmatriculation)**

Certificate of enrolment

**In cases of financial hardship:**

Description of the social circumstances; explanation why the payment would cause financial hardship

BAFöG decision, if applicable a rejection notice

*(Please black out information on income of parents or siblings)*

Proof of income

*(e.g. tax certificate, income statement, pay slips from \_\_\_\_\_ to \_\_\_\_\_)*

Declaration by parents about the amount of support they can/cannot provide

Proof of receipt of benefits according to SGB II

Proof of receipt of housing benefit

Proof of receipt of maintenance

Proof of receipt of other transfers

Bank statements from \_\_\_\_\_ to \_\_\_\_\_

Proof of rent amount

Proof of the amount of health insurance

Proof of the existence of your children

**If it is unreasonable to use the semester ticket**

Explanation why the use of the semester ticket cannot be reasonably expected

Current certificate of registration with the city

**During a stay abroad**

proof of stay abroad, including the duration

**For severe disability**

Severely handicapped pass with supplement and current token

Proof that buses and trains cannot be used due to the disability

**For exmatriculation within two months of the start of the semester**

Certificate of deregistration from the university

**Other evidence and/or explanation**