University of Cologne
The Chancellor
International Office

Application for a refund of the semester fee
Please enter you student registration number

I, hereby apply for a refund of the semester fee

Last name

First name

Street

Post code, place

paid for the
☐ **winter semester** _____ / _____ ☐ **summer semester** _____

in the amount of _____EUR for one of the following reasons:

☐ **Removal from the students' register (only where a refund claim exists)**
☐ **Withdrawal from the degree course (only for first semesters)**
☐ **Academic leave**
☐ **Overpayment**

Please transfer the amount to be refunded to the following account:
IBAN
BIC

Account holder (if different from applicant): _____

Important notice:
A refund of the semester fee following removal from the students' register is only possible when the application for removal for which the semester fee has been paid is submitted to the International Office prior to the start of the semester (31 March or 30 September).

_____
Date and student's signature

To be completed by the University of Cologne	
Referenz Nr.: 20 _ _ -	Betrag:
Referenz Nr.: 20 _ _ -	Betrag:
Referenz Nr.: 20 _ _ -	Betrag:
Referenz Nr.: 20 _ _ -	Betrag:
Erstattungssumme:	

Sachlich richtig Rechnerisch richtig

Köln,

Datum Unterschrift Unterschrift Dienstsiegel

Opening Hours International Office: Monday – Friday, 10am – 3pm, Wednesday, 4 – 6pm (Service Point)

Phone consulting hours: Monday – Friday, 9am – 10am, +49(0)221-470-76311

Contact form: **http://ukoeln.de/N3TD1**