

Application for refund of overpaid semester fees

FILL OUT IN BLOCK LETTERS ONLY

Name: _____

Course of Studies: _____

Email address: _____ @stud.hs-flensburg.de

Name of bank: _____

IBAN: _____

BIC: _____

The following documents must be enclosed with this application:

1) bank statements of the transfers.

Comment of Applicant: _____

Date

Signature Applicant

To be completed by AStA

Eingang Antrag

Eingangsstempel

Antrag Vollständig _____
Datum

Unterschrift Koordinator*in