

## Request for reimbursement

Please fill in all of the following fields.

### Student

Name, first name

Street, No..

Zip code, City

Course of studies

Registration number

### Bank details

Account holder

IBAN

BIC

Name of the bank

Amount

### Reason for refund:

Termination of studies

in summer semester

in winter semester

Waiver of enrollment

Double payment

Overpayment

Incorrect payment

Other (please write your reason in the following text box)

### Vom zfh auszufüllen/To be completed by zfh:

Beleg-Nr.

rechnerisch richtig: Ja

Nein

Unterschrift

1513

Kapitel

Ko.-Art

sachlich richtig: Ja

11994

Titel

Ko. St.:

Nein