University of Applied Sciences St. Pölten

Request for the Remission/Reimbursement of Tuition Fees

To be completed by the student

Personal Details	
First and last name:	
Student number (Matrikelnummer):	
Date of birth (DD/MM/YYYY):	Phone number:
Email (UAS account only):	

Reason for Remission/Reimbursement *(please tick the appropriate box)*

- ☐ disability of 50 % (in case of enrolment in a degree programme)
- ☐ completion of the degree programme by 31/10 or 31/03 (provided that all courses were completed in the previous semester
- ☐ extraordinary reasons (in case of termination by the student) such as
  - ☐ pregnancy
  - ☐ prolonged (severe) illness which impedes the continuation of the study programme
  - ☐ personal bankruptcy
  - ☐ similar unforeseeable economic or private reasons (e.g., the unforeseeable need to care for close relatives, etc.):

    _____
- ☐ authorised interruption (at the beginning of the semester, meaning 01/09 or 15/02)
- ☐ death of the student at the beginning or in the course of the current semester

Supporting evidence is to be provided for all indicated reasons!

Please provide your bank details (IBAN, BIC) for a possible (re)transfer. Please note that your refund is only possible with current and correct information!

IBAN:	BIC:

The relevant documents as well as the duly completed form are to be submitted to csc@ustp.at no later than by 31/03 (for the summer semester) or 31/10 (for the winter semester). Otherwise, the application will not be considered.

_____ Date	_____((e-) Signature applicant
Checked on	Approved yes ☐ / no ☐ (e-) Signature CSC