Application type

Tel: 0351 - 462 32 49 Fax: 0351 - 462 40 stura@stura.htw-dresden.de www.stura.htw-dresden.de

Refund request





Application for recognition of hardship for the semester

Exemption request

Information on the application	ant				
Name, First name					
Street, House number					
Postcode, City					
e-mail address					
Library number					
Marital status	single	partnership	engaged	married	
Payment methods					
Credit institution					
IBAN					
BIC					
Account holder					
Necessary document/ info	rmation				
Written description of the hardship/emergency		Matri	Matriculation certificate		
Copy of student ID (front and back)		Proof	Proof of income		
BAföG-notice or rejection notice		Bank	Bank statements for the last 3 months		
Alternative evidence					
Proof of income of spou	se/life partner				
Confirmation					
I hereby confirm the accur	acy of the information	provided and the a	ttachments with my	signature.	
Date Signature					