

**Postal address:**  
Hochschule Darmstadt  
Schöfferstraße 3  
64295 Darmstadt  
Germany

[helpdesk@h-da.de](mailto:helpdesk@h-da.de)  
[www.h-da.de/ssc](http://www.h-da.de/ssc)

## APPLICATION TO CANCEL ENROLMENT

For the summer semester (SS) \_\_\_\_\_ or winter semester (WS) \_\_\_\_\_

You can cancel your enrolment **until 15 April/15 October** of the semester in which you wished to commence your studies at Darmstadt University of Applied Sciences. A fee will be charged and your health insurance company will be informed of your cancellation by the university. You must return your Campus Card along with this application.

Student ID number \_\_\_\_\_ Degree programme \_\_\_\_\_

### Personal details

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Street, no. \_\_\_\_\_

Postcode \_\_\_\_\_ Town/city \_\_\_\_\_

Tel. \_\_\_\_\_ Email \_\_\_\_\_

### Bankverbindung

Account holder \_\_\_\_\_

Name of bank \_\_\_\_\_

IBAN \_\_\_\_\_

SWIFT code (BIC) \_\_\_\_\_

I hereby cancel my enrolment and request reimbursement of the semester fee, less the statutory charge of EUR 30.00. I enclose my Campus Card with this form.

I was enrolled in an admission restrictive study programme and returned my study place under [www.hochschulstart.de](http://www.hochschulstart.de)

Place, date \_\_\_\_\_ Signature \_\_\_\_\_

For official use by the h\_da. Please leave blank.

Information and calculation are correct: EUR \_\_\_\_\_ €

Payment received: \_\_\_\_\_

Campus Card: \_\_\_\_\_