

Universität Greifswald
International Office
Domstraße 8
17489 Greifswald

Request for Financial Aid

in accordance with the *Richtlinie zur Förderung von ausländischen Studierenden an den staatlichen Hochschulen des Landes Mecklenburg-Vorpommern - AusStudHSRL M-V* (Directive for the Support of Foreign Students at Mecklenburg-Vorpommern's Higher Education Institutions) of 16 December 2013, last amended by the administrative provision of 18/12/2018.

Intended purpose 'Support of foreign students with financial difficulties as a result of the coronavirus crisis, who are not entitled to BAföG or are unable to otherwise secure their living expenses'

I,

.....
Surname, First name(s)

.....
Date of birth

.....
Nationality

.....
Address

.....
email

.....
Telephone no.

request the payment of a financial grant in accordance with the above-named directive

for the period from - to:

Details of Studies

Subject(s)/degree course:

Subject semester:

Completed examinations/coursework/assessment components (with date):

Planned examinations/registrations for examinations (with date):

Prospective further duration of studies (number of semesters):

Details and explanation of the circumstances or course of events that have caused the financial difficulties

Income in the last 6 months (details to be made in euros):

- Allowance from parents/family
- BAföG
- Scholarship
- Job
- Other (please provide details)

Details of efforts to obtain other forms of financial aid
I have requested/been granted with financial aid from:

- Studierendenwerk* (Student Services)
- Regionalzentrum kirchlicher Dienst
- Diakonisches Werk
- Other (please provide details)

I have attached the required proof to this request form:

- current certificate of enrolment
- tenancy agreement
- proof of income in the last 6 months (e.g. *Lohnsteuerkarte* (income tax card), account statements, if applicable - confirmations that financial aid has been received, employment contract)

The financial aid should be transferred to the following account:

Bank:

BIC:

IBAN:

I confirm that I have checked all of the possible forms of assistance that I am aware of and have no savings that I could use to help me out of my financial difficulties.

I accept the directive for the allocation of funds.

I am aware that false or incomplete details may entitle the International Office to a reimbursement.

I give my consent for the staff members at the International Office, who are responsible for the allocation of funds, to contact other institutions for further details.

.....
Signature

.....
Town, Date