The English translation of this form is intended solely as a convenience to non-German speakers. Only the German form is legally binding. We therefore kindly ask you to complete and sign the German form.



Request for withdrawal of enrolment form

Universität Greifswald Referat 1.1. Studierende Rubenowstraße 2 17489 Greifswald	ensekretariat		A COPIN
Surname, first name(s): Current address:	(Road name & no.)	(Pos	tal code, town)
Student ID no.:			
I hereby request the with	drawal of my enrolment fo	r	
Summer semester 20	Winter semester 20)/	
for the degree course			
	Iment fees to the account sta ou received on enrolment).	ated in the request for paym	ent (see notification of charges
Town, date		Signature	

Please note:

You can only submit this request form up until the start of the lecture period (see dates and deadlines). If you have already transferred the semester fee, you can request a reimbursement (https://www.uni-greifswald.de/storages/uni-greifswald.de/storages/uni-greifswald/2_Studium/2.3_Mein_Studium/2.3.7_Formulare/rueck_stud_werk_en.pdf).