



Please tick boxes as appropriate
Please fill out this form using clear unjoined letters

Application for de-registration

upon expiry of the: 20...../20..... winter semester
 20..... summer semester

or with effect from the following date in the current semester:

____.____.____

Effective date must be in the present or future; please take into account time for mail delivery!

Personal information:

Name: _____ First name: _____

Date of birth: _____ Student registration no.: _____

Postal address: _____ Phone: _____

_____ E-mail: _____

IBAN: _____ BIC: _____

Bank: _____ Account holder: _____

Reason for de-registration:

Termination of studies following successful completion of final examination (01)
only possible if you have received the final academic record

Termination of studies; final examination not yet completed (final academic record pending) (02)

Termination of studies without final examination (03)

Change of university (04)

Withdrawal from or interruption of studies (06)

Termination of studies after final examination was failed at the final attempt (08)

Other reasons (09) _____

Revocation of enrollment (99)

I have returned all borrowed books and settled all outstanding invoices issued by University facilities and offices.
Deadlines for retake examinations and make-up examinations remain unaffected by the de-registration.
I have not registered for any examinations.

The KU.Card is the property of the Catholic University of Eichstätt-Ingolstadt and must be returned upon de-registration. Your KU.Card will lose its validity on the day of your de-registration.

Date

STUDENT OFFICE

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