

**Postal address:**

Universität Kassel  
Studierendensekretariat  
34109 Kassel

**Visitors:**

Campus Center  
Moritzstr. 18  
3. Obergeschoss

## Withdrawal from the acceptance as a doctoral candidate

I hereby withdraw from the acceptance as a doctoral candidate at the University of Kassel.

**Personal Data**

Family/ Last Name:	First Name:	
Matriculation number:	Date of Birth:	
Street:		House number:
Town/ City:		Zip Code:

**Information on your doctoral degree**

Doctoral registration number	
Faculty	
Supervisor	
Reason	
Supervisor was informed	

**Additional Information**

If you are enrolled as a student at the University of Kassel, exmatriculation needs to be requested. Further information on exmatriculation can be found at: <https://www.uni-kassel.de/uni/studium/im-studium/exmatrikulation>

I hereby request my exmatriculation.

Matriculation number	
Time of exmatriculation	

**Refund of the semester fee**

A refund of the semester fee is only possible within the following deadlines:

- winter semester until 31<sup>st</sup> October.
- summer semester until 30<sup>th</sup> April.

Your semester fee will be automatically refunded to the bank account the payment was received from after your exmatriculation.

\_\_\_\_\_  
Date/ Place

\_\_\_\_\_  
Signature