

Discharge of liability for graduates

The institutes or departments listed below should confirm that in the case of the student named here there are no outstanding bills/accounts or liabilities. Please write in block capitals.

Surname, first name: _____

Matriculation number: _____ Course of studies: _____

Department	Date / Signature / Stamp
Caretaker (room ME 15a)	
Library	
First examiner	

- I will collect my graduation documents personally.
E-mail adress (private) and / or phone number: _____
- Please send my graduation documents to the following address:
Street / number: _____
Post code / Town or city: _____

Reimbursement:

If you complete your studies before April 1st your re-matriculation fee for the summer semester (or October 20th for the winter semester) will be reimbursed. Please fill out your bank details:

Name of account holder: _____

IBAN: _____ BIC: _____

Bank: _____

Signature: _____

To be filled out by the administration:

- CampusCard received _____
- Graduation documents sent _____
- Reimbursement of semester fees authorized on _____
- Filed _____

Graduate Work:

By providing my private e-mail address (i.e. not "@student.jade-hs.de"), I declare my consent to the university staying in contact with me by e-mail. I can revoke this consent at any time in writing or orally and thus cause the deletion of my data. Sharing this data is voluntary, the discharge is not affected by sharing or not sharing this data.

Surname, first name: _____ Final semester: _____

E-mail address: _____ Course of Study: _____

Signature: _____