



<u>Surname, First Name:</u>	
<u>Address:</u>	
<u>E-mail:</u>	
<u>Enrollment number:</u>	<u>University/academy:</u>

Submit to:

Studentenwerk Leipzig
Abteilung Rechnungswesen/ Controlling
Goethestraße 6
04109 Leipzig

Phone number: 0341 9659-665

E-mail: semesterbeitrag@studentenwerk-leipzig.de

Application for exemption from payment of the semester fee due to leave of absence (for students of the University of Leipzig this includes exemption from payment of the fee for the Student Council)

for ☐ Winter semester 20.....
☐ Summer semester 20.....

Please note:

- *The exemption can only be applied for one semester at a time - otherwise the application is invalid!*
- *The application for exemption must be submitted to the Studentenwerk Leipzig no later than the last working day before the beginning of the semester in question.*
- *A copy of the proof of the respective reason for exemption must be submitted with the application.*

The reimbursement of the semester fee already paid must be applied for using the separate form sheet (Application for reimbursement of the semester fee) and the corresponding proofs.

Reason:

<input type="checkbox"/> Serving the federal volunteer service *
<input type="checkbox"/> Illness *
<input type="checkbox"/> Study abroad or study-related stay abroad
<input type="checkbox"/> Pregnancy * / parental leave *
<input type="checkbox"/> Study-related internship * / Study-related traineeship *

* An exemption from payment of the semester fee for the reasons for leave of absence marked in this way is granted only, if the student will demonstrably not stay in Leipzig during the entire semester.

I hereby confirm that I will not use the services of the Studentenwerk Leipzig for the period mentioned above. I know that I am not covered by the accident insurance by Studentenwerk Leipzig for the period of exemption.

I hereby confirm that I have taken note of the information on the exemption from semester fee and reimbursement of the semester fee on the website of the Studentenwerk Leipzig as well as the data protection information according to Art. 13 GDPR (<https://www.studentenwerk-leipzig.de/semesterbeitragsbefreiung-und-rueckzahlung>).

I agree to correspondence and/or the sending of data by e-mail to the e-mail address given above. I am aware that e-mails sent in this way may contain personal data. I am aware of the risks associated with the sending of such e-mails - in particular the unauthorized reading and utilization by third parties.

- This consent may be revoked at any time -

<u>Date, Signature:</u>

To be filled in by Studentenwerk Leipzig:

Approved: Date, Stamp, Signature