



Alice Salomon Hochschule Berlin
University of Applied Sciences

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Student Service Center
Enrollment Administration

Application for Reimbursement of Fees

Personal Information

Enrollment Number:.

Name

First Name

Course of Study

Street/Number

Postal Code/City

Request

I hereby request the refund of re-registration and enrollment fees for the

Winter semester

Summer semester

Account for Refund

Account Holder

IBAN

BIC

Reason for Refund

Date/Signature