

**Name of University**  
**Address**

For presentation to:

Studentenwerk Frankfurt (Oder)  
Amt für Ausbildungsförderung  
Paul-Feldner-Str. 8  
D-15230 Frankfurt (Oder)

**This is to certify that**

**Student name:**

\* is  accepted / admitted  enrolled/ registered

\* as a  full-time student  part-time student

**for the period** from : \_\_\_\_\_ to: \_\_\_\_\_  
start (exact date, dd/mm/yy) end (exact date, dd/mm/yy)

**Faculty/Department of:**

**Program:**  undergraduate  graduate

Study level\*: Year 1  Year 2  Year 3  Year 4  Year 5

**The above named student applied for a tuition fee waiver \*:**

yes  no and got a tuition fee waiver:  yes  no

**Total tuition fees:** \_\_\_\_\_

**The tuition fees do not include any other costs than for tuition (i.e., registration and course fees exclusively!).**

**The Overseas Health Insurance (OSHC) is compulsory for international students. The costs for the whole study period named above amount to:** \_\_\_\_\_

\* Please mark the **corresponding** box

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Seal

\_\_\_\_\_  
Date

# IMMATRIKULATIONSBESCHEINIGUNG

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## Statement of Tuition and Fees

(which are not waived or paid by a scholarship)

for \_\_\_\_\_ semester / quarter

Tuition / non res. tuition \$ \_\_\_\_\_

Fees which all students are obliged to pay (general fees) \$ \_\_\_\_\_

Fees which this special student has to pay additionally (individual fee; e.g. room and board, health insurance) \$ \_\_\_\_\_

\_\_\_\_\_  
Signature