

Förderungsnummer:

**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:

_____ start (exact date, dd / mm / yy)

to

_____ 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 or reduction of tuition fee*:

yes no and got a tuition fee waiver: yes no

Payable tuition fees: _____

The tuition fees do not include any other costs than for tuition.

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

.....
Signature

.....
Seal

.....
Date

* Please mark the **corresponding** box

IMMATRIKULATIONSBESCHEINIGUNG

Statement of Tuition and Fees

(which are not waived or paid by a scholarship)

for _____ semester / quarter

Tuition / non restitution _____ amount and currency

Fees which all students are obliged to pay (general fees) _____ amount and currency

Fees which this special students has to pay additionally (individual fee; e.g. room and board, health insurance) _____ amount and currency

Signature