

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

Enrolment period from : _____ to: _____ (ddmmyy)

Orientation period from : _____ to: _____ (ddmmyy)

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.

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

Seite 2

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