



Termination of registration request Theological University of Kampen

The undersigned,

Family name and initials:	
Address:	
Postcode and town of residence:	
Student number:	
Bank account no.:	

Requests

- Termination of registration and restitution/settlement of any remaining tuition fees owing to graduation.
Date of graduation: _____
- Termination of registration and restitution/settlement of any remaining tuition fees owing to discontinuation of the study in the first year of the Bachelor/Master Programme
- Termination of registration and restitution/settlement of any remaining tuition fees because of illness.
- Termination of registration and restitution/settlement of any remaining tuition fees owing to special family circumstances

Further explanation if necessary

Declaration and signature

The undersigned declares to have filled in this form completely and truthfully.

Place

Date

Signature

**-Send this completed and signed form to
The Central Student Administration
Theological University Kampen
Broederweg 15
8261 GS Kampen.**