Westfälische Wilhelms-Universität Münster – University of Münster  
Studierendensekretariat (Student Admissions Office)  
Schlossplatz 2  
48149 Münster  

Request for De-registration  
Please enclose a self-addressed stamped envelope

<table>
<thead>
<tr>
<th>Last name, First name</th>
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<tbody>
<tr>
<td>Student ID no.</td>
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<tr>
<td>Date of birth</td>
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<td>Street, no., postcode, town</td>
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<td>Phone</td>
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<td>Email address</td>
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I request de-registration for

- [ ] the end of the winter semester 20____/20____ (effective 31 March)
- [ ] the end of the summer semester 20____ (effective 30 September).

Notes on de-registration:

De-registration at the end of the semester can be requested starting 1 January for a winter semester and 1 July for a summer semester. Exception: If you can prove that you received your degree certificate in the first half of a winter/summer semester, you need not wait until 1 January or 1 July to request de-registration. In this case, you may choose to be retroactively de-registered or de-registered at the end of the current semester.

You may request retroactive de-registration during the first half of a semester, provided you have not submitted any required coursework or taken degree-relevant examinations in that semester. In the case of retroactive de-registration, the NRW semester ticket may not be used any longer regardless of whether it can be refunded.

In the case of retroactive de-registration or cancellation of enrolment/re-registration, you can have your paid semester fee refunded if you submit a request for reimbursement by 15 May for the summer semester and 15 November for the winter semester.
Please enclose a confirmation of release (Entlastungsbescheinigung) with this de-registration form for the following subjects:

- **Pharmacy** (Institut für Pharmazeutische Chemie, Corrensstraße 48),
- **Music/Musical Practice and New Media and Musicology** (Institut für Musikwissenschaft und Musikpädagogik, Philippstraße 2),
- Master’s degree programme **Clinical Music Therapy** (administrative office of the degree programme Clinical Music Therapy, Philippstraße 2),
- **Didactics of Geography, Geography, Geoinformatics and Landscape Ecology** (library, Geowissenschaften I, Heisenbergstraße 2),
- Students of **Dentistry** must enclose a confirmation of release issued by the secretary’s office (contact: Frau I. Weers) of Professor Petra Scheutzel, the dentistry teaching coordinator (Waldeyerstraße 30, 48149 Münster).

**Reason for de-registration:**

- [ ] completion of studies after passing examination (if applicable: please enclose copy of certificate)
- [ ] transfer to another university
- [ ] termination of studies
- [ ] termination of studies after final failed attempt at examination
- [ ] interruption of studies
- [ ] termination of studies without examination
- [ ] studies not started (first-year students until the first half of first semester)
- [ ] other:

I hereby confirm that the information above is correct and that I have read the notes on de-registration. I understand that I will no longer be a member of the University of Münster after 30 September/31 March and that, according to § 7 (5), sentence 4 of the Enrolment Regulations, I am obliged to return the student ID card to the Student Admissions Office (Studierendensekretariat), Schlossplatz 2, 48149 Münster.

__________________  ________________________________
(date)             (signature of student)