

University of Münster
Studierendensekretariat
(Student Admissions Office)
Schlossplatz 2
48149 Münster

Request for de-registration

Last name, first name	
Student ID number	
Date of birth	

I request de-registration by

- ☐ the end of the winter semester 20____/20____ (effective 31st of March)
☐ the end of the summer semester 20____ (effective 30th of September).

Notes on de-registration:

De-registration at the end of the semester can be requested starting at **1st of January** for a winter semester and **1st of July** for a summer semester. **Exception:** If you received your degree certificate in the first half of the semester, you may request to have de-registration take effect at the end of that semester before these dates. In this case, please include a copy of your degree certificate.

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 no longer be used, regardless of whether it can be refunded or not.

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 15th of May for the summer semester and 15th of November for the winter semester.

Account holder	Name of bank
IBAN DE _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _	BIC

Please enclose a confirmation of release (*Entlastungsbescheinigung*) with this de-registration form for the following degree programmes:

- **Pharmacy** (Institut für Pharmazeutische Chemie, Sarah Berling, Corrensstraße 48),
- **Music, 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, (Human) Geography, Geoinformatics, Landscape Ecology, Water Sciences and Geospatial Technologies** (Institut für Landschaftsökologie, Heisenbergstraße 2),
- **Dentistry** (the dentistry teaching coordinator, Waldeyerstraße 30).

Reason for de-registration:

<input type="checkbox"/>	completion of studies after passing examination (if applicable: please enclose copy of certificate)
<input type="checkbox"/>	transfer to another university
<input type="checkbox"/>	termination of studies
<input type="checkbox"/>	termination of studies after final failed attempt at examination
<input type="checkbox"/>	interruption of studies
<input type="checkbox"/>	termination of studies without examination
<input type="checkbox"/>	studies not started (first-year students until the first half of first semester)
<input type="checkbox"/>	other:

I declare that I will not submit any required coursework or take any degree-relevant examination in the semester specified above after my de-registration.

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 University of Münster, Student Admissions Office (Studierendensekretariat), Schlossplatz 2, 48149 Münster.

If I sent the request by post, I enclose a self-addressed envelope with sufficient postage for sending the certificates with my request.

(date)

(signature)