

AStA Universität Lüneburg
- Attn. Maja Tomser
-Universitätsallee 1
21335 Lüneburg

Application for refund of the semester ticket fee



Entry:

Basis:
hardship regulation September 2016
with the 5. adaptation

Personal information:

Surname, First name*	
Birth date*	
Street, Nr.*	
ZIP, city*	
matriculation number*	
Major*	
Telephone Nr.*	
Email Address*	

all * marked boxes are obligatory

Surname, First name*	
IBAN*	
BIC	
Name of Bank*	

all * marked boxes are obligatory

Semesterticket fee refund for (please check): WS / ___ SoSe _____

Application possible until 30.11. in winter semester and until 31.05. in summer semester

Reason of hardship:

(please check)

- severe disability
- severe disability with mark
- care relative*²
- care of children with severe disability*²
- financial reasons

- o health reasons*²
- o maternity leave*²
- o absence from area of application of the SemesterTicket due to the corona pandemic
- o absence from area of application of the SemesterTicket for at least 120 days

*² Application possible until 30.09. for summer semester and until 31.03. for winter semester

Documents to submit:

(Please check if part of the application)

- Severe disability:
- o confirmation of enrollment
 - o copy face and reverse of the severely handicapped pass
- Severe disability with mark:
- o confirmation of enrollment
 - o copy face and reverse of the severely handicapped pass
 - o SemesterTicket must be sent in for validation (either with the application or immediately after the application has been approved)
- Care relative:
- o confirmation of enrollment
 - o confirmation (issued max 1,5 years ago) of nursing/health insurance of carework of a relative
- Care of children With severe disability:
- o confirmation of enrollment
 - o copy face and reverse of the severely handicapped pass of the disabled child
- Financial Reasons:
- o confirmation of enrollment
 - o topical statement of bank account of the last three month pre application
 - o parents affirmation (extra formular)
 - o copy of rental agreement (if own flat/shared living)
 - o copy of financial informations (BAföG, KFW, scholarship, housing benefit etc)
 - o overview over income and expenses
- Extra for students with children:
- o birth certificate of children
 - o short written statement with enumeration of the financial surplus loads
- Health Reasons:
- o confirmation of enrollment
 - o medical certificate over a minimum time of 3 month
- Maternity Leave:
- o confirmation of enrollment
 - o copy of mother certificate
- Absence due To Corona:
- o confirmation of enrollment
 - o an enumeration of the enrolled classes e.g. myStudy time table in list display (must take place entirely online)
 - o confirmation of housing enrollment placed outside from area of application of the SemesterTicket (issued after 01.09.2021)
 - o SemesterTicket must be sent in for devalidation (either with the

application or immediately after the application has been approved)

Absence for
120 days:

- o confirmation of enrollment
- o Confirmation from the doctoral supervisor or supervisor of the bachelor's/master's thesis about a stay of at least 120 days outside the area of validity of the semester ticket.
- o SemesterTicket must be sent in for validation (either with the application or immediately after the application has been approved)

Careful: Only complete applications can be edited and considered! If possible please send the application via post to the address mentioned above.

Data protection:

I agree that the AStA spokespersons and their vicarious agents may, in accordance with the provisions of the of the Hardship Regulations for the purpose of processing my application, store and process the necessary data that I have voluntarily provided. The legal basis for this is my consent expressly granted with this application pursuant to Art. 6 para. 1 lit a.) GDPR, possibly in conjunction with Art. 9. para. 2. lit. a.) GDPR. Further information on my data protection rights and on data protection in the AStA can be found on the AStA website, in the general notice board or will be handed out to me upon request.

I guarantee, that my allegations are complete and correct. Wrong and uncomplete allegations lead to denial or if necessary reclaim. I am aware that the attached information, documents and the application will be stored.

Place, Date

Signature