



To the University of Konstanz Division of Student Affairs and Teaching Student Service Centre 78457 Konstanz, GERMANY

Contact

Phone:

+49 7531 88-2664 | -4473 | -4997 | -3639

Email via contact form: www.uni.kn/en/study/get-in-touch

☐ Initial or ☐ follow-up application for exemption from paying tuition fees for second degree studies

Last name, first name:		Student ID (Application		01/		
Address (street, city):			•			
Phone/mobile/email:						
Important: Please tick any boxes that apply and enclose all required documentation. Legal basis: § 8 para. 4 "Landeshochschulgebührengesetz LHGebG" (state law on higher education fees) I hereby request an exemption from paying tuition fees for second degree studies for the						
summer semester:	20	and/or for the winter se- mester:	20 _	/ 20		
for the following reason:						
Leave of absence Important: You must submit your leave of absence request before the start of the lecture period (§ 8 para. 4 in conjunction with § 6 para. 2 no. 1 LHGebG).						
Documentation: Copy of the notification gra	anting your leave of absenc	e.				
in the relevant exa	ster ernship semester is a mand amination regulations (§ 8 p ips do not qualify. It can tal	ara. 4 in conjunction with §	6 para.			

Documentation for "Lehramt" students:

Initially, you may submit a provisional note from the school (e.g. an email), confirming your concrete plans for completing your "**Schulpraxissemester**" (practical teaching semester) there during the period of time specified above.

Important: Please hand in official confirmation from the school as soon as your "Schulpraxissemester" is over. If you fail to submit official confirmation, you will not be able to re-register for the following semester and you will also have to pay tuition fees for your practical teaching semester.

Documentation for students from **other** study programmes:

Please submit a certificate from your department's internship coordinator, confirming that you will complete your mandatory internship semester during the period of time specified above.

	Considerable difficulties to carry out your studies of Buch Sozialgesetzbuch - SGB IX" (volume 9 of the Gewith § 6 para. 7 LHGebG).	•		
Documentations:				
a)	In case of a degree of disability (GdB) of 50% and m severely disabled person's identity card. This card can samt" (social security authority). Note: Please ask yo you are eligible for a disabled person's pass (§ 69 SGI	be obtained from the relevant "Versorgung- ur "Versorgungsamt" to determine whether		
b)	If the degree of disability (GdB) is less than 50% : Su samt" on an already determined "GdB" or a current sposion of a certificate from the representative of the Univ ties or chronic illnesses, which specifically states the endifficult.	bmission of the notice from the "Versorgung- ecialist medical opinion. In addition, submis- rersity of Konstanz for students with disabili-		
Important information about this application form:				
Please enclose original documentation or legally attested copies. Applications for exemptions must be filed before the start of the lecture period at the very latest (§ 10 para. 3, sentence 2 LHGebG). The mere fact of applying for an exemption does not impact your obligation to pay tuition fees. In order to be admitted to university, you must pay your tuition fees as specified in the relevant notification until your request for an exemption has been approved. In this case, you will be fully reimbursed for any payments towards your tuition fees made until then.				
By signing this document, I declare that, to the best of my knowledge, the information I have provided is complete and correct. I am aware that the information I have provided will be used to assess my eligibility for an exemption and that I have to give immediate notification of any changes to my circumstances. I am also aware that the University of Konstanz may demand further documentation if it suspects that any of the information I have provided is incomplete or incorrect.				
	Place, date	Signature		

von ______ bis _____

Last update: July 2024

Datum: _____

Interne Bearbeitungsvermerke / For Internal use only

☐ ja ☐ nein

Handzeichen:

Befreiung