



Univerza v Mariboru

Fakulteta za zdravstvene vede
Žitna ulica 15
2000 Maribor, Slovenija

REQUEST FOR A REFUND OF PAID ENROLMENT CONTRIBUTIONS AND THE TUITION FEE

Data on the Applicant:

Name and surname: _____ Student ID no.:

_____ Date of birth: _____

Study programme: _____ Level of study: 1st 2nd 3rd

Academic year: _____ Application for enrolment aided by an educational consultancy agency: Yes No

Date of withdrawal from the study programme:

Reason for refund (check as appropriate):

- serious illness of the Student, their partner, or a member of the Student's immediate family
- death of the Student, their partner, or a member of the Student's immediate family
- other special reasons
- inability to obtain a visa or temporary residence permit for the purpose of study in the Republic of Slovenia due to administrative obstacles
- other reasons: _____

Statement of the Student:

I, the undersigned, hereby declare that the information I have provided is true and correct. I have read and understand the information contained in this request.

Signature: _____ Date: _____

Filled in by the Member:

Date of receipt of the request: _____

Amount of tuition paid (in EUR): _____

Refund approved: Yes Approved % of the refund: _____ No

Amount of enrolment contributions paid (in EUR): _____

Refund approved: Yes _____ No

Total refund amount approved: _____

Dean:
