



Please fill out the form legibly!

Thank you for your understanding

Change of Institution of Higher Education

Sur name: _____ First name: _____

Birthdate: _____ Birth name: _____

Previous institution of higher education: _____

Office for Educational Support: _____

Financial aid number: _____

From WS/SS _____ I will continue my studies at the _____

in the course of study _____ with the combination of subjects

Previous course of study _____ with the combination of subjects

Address of permanent residence _____

Future postal address _____

I live with my parents

yes

no

My financial institution _____

BIC _____

IBAN _____

I will submit the certificate of the institution of higher education in accordance with §9
BAföG, the certificate of withdrawal as well as the certificate of rent as soon as possible.

Münster, _____

date

signature