



Last name:	First name:	Birth date:
Financial aid no.:		

### **Notification of change**

My  training circumstances  personal circumstances have changed with regard to the information in my application for the student financial aid for the period of grant approval \_\_\_\_\_/\_\_\_\_\_ as follows:

#### **I. Training circumstances**

I discontinued my studies on \_\_\_\_\_/\_\_\_\_\_ at the end of the month of \_\_\_\_\_  
Reason: \_\_\_\_\_

I am on leave from my studies for the WS/SS \_\_\_\_\_.  
Reason: \_\_\_\_\_

I have interrupted my studies due to illness from \_\_\_\_\_ to \_\_\_\_\_.

I completed my studies on \_\_\_\_\_. With date of \_\_\_\_\_ I learned about the overall result. The diploma and proof of knowledge (copies) must be enclosed.

I will study starting in the WS/SS \_\_\_\_\_ at the \_\_\_\_\_  
(Institute of higher education)

I have discontinued my previous course of studies and will study from the  
WS/SS \_\_\_\_\_ the course of studies: \_\_\_\_\_  
Combination of subjects: \_\_\_\_\_  
Desired degree: \_\_\_\_\_

#### **II Personal or economic circumstances**

I have moved. As of \_\_\_\_\_ my new address will be  
\_\_\_\_\_  
street, house number, if relevant with, town

This is also my future address

I live with my parents       I don't live with my parents

At least 50% of the residence is the property of the parents/father/mother

yes       no

A confirmation of the landlord or a proof of residence

is enclosed       will be submitted later

- As of \_\_\_\_\_  I will receive an orphan's pension/orphan's allowance.  
 I will no longer receive an orphan's pension/orphan's allowance any more.

A notification  is enclosed  will be submitted later

<b>In the period</b>	<b>monthly gross income</b>	
from _____ to _____	€ _____	<input type="checkbox"/> not self-employment
from _____ to _____	€ _____	<input type="checkbox"/> marginal employment
from _____ to _____	€ _____	<input type="checkbox"/> mandatory internship
from _____ to _____	€ _____	<input type="checkbox"/> voluntary internship

Proof must be enclosed!

From \_\_\_\_\_ my new bank account is:

BIC: \_\_\_\_\_

IBAN: \_\_\_\_\_

Financial institution: \_\_\_\_\_ Account holder: \_\_\_\_\_

**Note:** It is possible that a change of the bank account may only be observed the next but one month after the notification.

My brother/sister \_\_\_\_\_ completed his/her training on \_\_\_\_\_.

Other changes of the family circumstances:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
(place/date)

\_\_\_\_\_  
(signature)