

\_\_\_\_\_  
Surname, First name

\_\_\_\_\_  
Street

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Postal code, Location

\_\_\_\_\_  
E-Mail

Studentenwerk Potsdam  
Sozialberatung  
Babelsberger Straße 2  
14473 Potsdam

enrolled at the  
 UP    FHP    FilmUni    THB    THW

\_\_\_\_\_  
Matriculation no.

Application for an exemption from the obligation to pay contributions in the case of approved leave of absence for the WS \_\_\_\_\_ / \_\_\_\_\_; SS \_\_\_\_\_

Reason for exemption (only the mentioned reasons are considered):

The relevant supporting documents must be submitted with the application as a copy.

- Study abroad or a stay abroad that is conducive to the study programme<sup>1)</sup>
- Completion of the Federal Voluntary Service
- Illness (medical certification)

During the period of exemption from contributions, no contributions are made to the insurance against accidents during leisure time.

(See further at [www.studentenwerk-potsdam.de/en/counselling-social/social-consulting](http://www.studentenwerk-potsdam.de/en/counselling-social/social-consulting) )

I assure that I will not make use of the services of the Studentenwerk Potsdam (catering, housing<sup>2)</sup>, social services<sup>3)</sup>) for the above mentioned period.

\_\_\_\_\_  
Location

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of applicant

To be filled out by the Studentenwerk Potsdam:

Reasons for exemption according to § 4 para. 4 of the contribution regulations  
 has been submitted    has not been submitted

\_\_\_\_\_  
Date/Signature 1st review

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The application for exemption from the semester fee by \_\_\_\_\_  
 Matriculation number \_\_\_\_\_ for the WS \_\_\_\_\_ / \_\_\_\_\_; SS \_\_\_\_\_  
 The Studentenwerk Potsdam will    agree    disagree

\_\_\_\_\_  
Date/Signature/Stamp 2nd review

<sup>1)</sup> The duration of the stay abroad must be at least 5 consecutive months.

<sup>2)</sup> No exemption is possible in the event of subletting.

<sup>3)</sup> Social counselling, job placement, psychosocial counselling