

Application for Refund of Study Costs

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| Surname and initials | Staff number |
| Department | Position Title |
| Name Course or Study | Duration of Study |
| Name and Location of Educational Institution | Estimated Examination Date |

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|--------------|--------------------|---|--|
| Annual Costs | • tuition fees | € | |
| | • books etc. | € | |
| | • examination fees | € | |
| | • other charges | € | |

Declaration Applicant agrees to abide by the rules and regulations as laid down in the document has issued to him/her.

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|-------|------------------------|
| Date | Signature of Applicant |
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| Approval | Date | Signature Department Manager |
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| Date | Signature Manager Human Resources |
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