****

1088 Budapest, Rákóczi út 7.  
[degreeprogramme@gtk.elte.hu](mailto:degreeprogramme@gtk.elte.hu)

**Refund Data Sheet**

to beused by International Students requesting a tuition/application fee refund

|  |  |
| --- | --- |
| Applicant’s family name(s): |  |
| Applicant’s given name(s): |  |
| Date of birth: |  |
| Passport number: |  |
| Applicant’s e-mail address: |  |
| Applicant’s phone number: |  |
| Name of the study programme (for which the application was made, if applicable): |  |
| Level of studies (for which the application was made, if applicable): |  |
| Date of admission (if applicable): |  |

|  |  |
| --- | --- |
| Amount to be refunded in EUR (if the original payment was in EUR): |  |
| Amount to be refunded in other currency (if the original payment was not in EUR):   * Amount: * Currency: |  |

**\*Contact details of third person (i.e. representative) requesting the refund on your behalf,** *if applicable:*

|  |  |
| --- | --- |
| Name of representative: |  |
| E-mail address: |  |
| Phone number: |  |

**Bank data for refund**

|  |  |
| --- | --- |
| Recipient’s name: |  |
| Recipient’s address: |  |
| Recipient’s bank account number: |  |
| Recipient’s IBAN number: |  |
| Name of receiving bank: |  |
| Address of receiving bank: |  |
| SWIFT code of receiving bank: |  |

**I, the undersigned, am aware of and consent to the application of the Financial Regulations pertinent to this refund request.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date:** |  | **Signature** |  |
| **Filled out by\*:** |  |

\*If a third party submits the refund request on the student’s behalf and/or wishes to receive the refund on an alternative bank account, **a Letter of Authorisation is strictly required.**