



Landshut University of Applied
Sciences
Student Service Centre
Am Lurzenhof 1
84036 Landshut

Personal data:

First name and surname:	
Matriculation number:	
Study programme:	
Semester:	

Application date:

Application for de-registration

I would like to submit a binding application for my disenrollment from Landshut

University of Applied Sciences.

Disenrollment should take place on _____ take place.

Reasons:

Interruption / abandonment of studies

Change of university

Other: _____

Date, signature

Please note: Retroactive disenrollment is not possible.