

Declaration on student financial support during student mobility for submission at the Federal Office for Migration and Refugees (inofficial translation)

| <u>Please fill out and/or tick as appropriate:</u> | | | | |
|--|-----------------|-----------------|----------------------|--|
| I, | mother | father | spouse | |
| (Sur | name, first na | ame of the pa | arent / spouse) | |
| sons | s, passport rej | placement p | - | Card, Travel document for refugees or stateless per- ocument, other document) |
| (Surname, first name) | | | | (Number of identification document) |
| for l | nis/her studie | es at | | |
| (Ho: | st educationa | l institution i | n Germany) | . from to |
| as fo | ollows: once | once monthly | | <u>Please note:</u> The livelihood of students is considered secured if they have a monthly amount equal to the BAföG maximum rate (992 EUR in 2025). |
| (Amount and currency) | | | | The amount will be adjusted annually. |
| The | financial sup | port will be ı | provided as follows: | |
| | Bank tran | nsfer | | |
| | Other me | eans (please s | pecify): | |
| | | | | |

(Place, date, signature of parent/spouse)

<u>Attachment</u> Copy of the supporting person's identification document