

## **A. Revocation instructions**

### **Right of revocation**

You have the right to revoke this education and training contract within fourteen days without giving any reason.

The revocation period is fourteen days from the day of the legally effective conclusion of the education and training contract.

To exercise your right of revocation, you must inform us by means of a clear declaration (e.g. letter sent by post or e-mail) of your decision to revoke this contract. You can use the attached revocation form template for this purpose, which is, however, not mandatory.

*Name: Hochschule für Angewandte Wissenschaften Campus Wien (HCW) - University of Applied Sciences Campus Vienna*

*Address: Favoritenstraße 232, 1100 Vienna*

*Telephone number: +43 1 606 68 77-6600*

*Email: [office@hcw.ac.at](mailto:office@hcw.ac.at)*

Please send the declaration to the respective degree program/academic course of the University of Applied Sciences Campus Vienna (the specific contact details can be found on the University of Applied Sciences Campus Vienna website). To comply with the revocation period deadline, it is sufficient that you send the notification of the exercise of the right of revocation before the expiry of the revocation period.

### **Consequences of the revocation**

If you revoke this contract, we shall reimburse you all payments we have received from you without undue delay and at the latest within fourteen days from the day on which we received the notification of your revocation of this contract. For this repayment, we will use the same means of payment that you used for the original transaction, unless expressly agreed otherwise with you; in no case will you be charged any fees for this repayment.

Hochschule für Angewandte Wissenschaften  
Campus Wien (HCW)  
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IBAN: AT 96 1200 0504 8009 0000  
BIC: BKAUATWW

*Hinweise zum Datenschutz finden Sie auf [hcw.ac.at/datenschutz](http://hcw.ac.at/datenschutz)*

## **B. Revocation form**

(If you want to revoke the contract, please complete this form and return it to the respective degree program/academic course of the University of Applied Sciences Campus Vienna)

To

Hochschule für Angewandte Wissenschaften Campus Wien (HCW) – University of Applied Sciences Campus Vienna

Degree program/academic course: \_\_\_\_\_

Favoritenstraße 232, 1100 Vienna

Email address of the degree program/academic course:

\_\_\_\_\_

I hereby revoke the education and training contract I have concluded for the Bachelor's degree program / Master's degree program / academic course

\_\_\_\_\_ with University of Applied Sciences Campus Vienna on \_\_\_\_\_.

Name of student:

Address of student:

\_\_\_\_\_  
Signature of student (only for communication on paper)

Date: \_\_\_\_\_