

Johannes Kepler University Linz
Admissions Office
Altenberger Straße 69
4040 LINZ
AUSTRIA

Matriculation Number

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**Supplement Form for the Application to Waive and/or Retroactively Waive
(Reimburse) Tuition Fees on account of Illness
Summer Semester 2024**

Medical Physician:

Last Name	
First Name(s)	
Medical Practice (address)	

I confirm herewith that my patient

Last Name	
First Name(s)	
Date of Birth	

was/will be prevented from studying for more than two months during the summer semester 2024 (i.e. during the period between March 1, 2024 to September 30, 2024) on account of the illness I have diagnosed.

Type of Illness	
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Location, Date

Medical Physician
Signature and Stamp