

Johannes Kepler Universität Linz
 Admissions Office
 Altenberger Straße 69
 4040 LINZ
 AUSTRIA
beurlaubung@jku.at

Matriculation Number

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AFFIDAVIT

I,

Last Name	
First Name(s)	
Date of Birth	

hereby declare under oath that

<input type="checkbox"/> during Winter Semester 2024/2025 (between October 1, 2024, to February 28, 2025)
<input type="checkbox"/> during Summer Semester 2024 (between March 1, 2024, to September 30, 2024)

I will be/am the caregiver for

Last Name	
First Name(s)	
Date of Birth	

By signing this form, I herewith confirm the accuracy and correctness of the information I have provided. I agree to voluntarily inform the Admissions Office in the event of any change in my circumstances.

Location, Date

Signature