

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

Matriculation Number

--

**Supplement Form for the Application to Waive and/or Retroactively Waive
(Reimburse) Tuition Fees on account of Illness
Winter Semester 2024/25**

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 winter semester 2024/25 (i.e. during the period between October 1, 2024 to February 28, 2025) on account of the illness I have diagnosed.

Type of Illness	
-----------------	--

Location, Date

Medical Physician
Signature and Stamp