

Johannes Kepler Universität Linz
 Admissions Office
 Altenberger Straße 69
 4040 LINZ
 AUSTRIA
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Matriculation Number

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

will be prevented from studying for over a two-month period during the winter semester 2024/25 (i.e. between October 1, 2024 to February 28, 2025) on account of the pregnancy I have diagnosed.

Expected due date on	
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Location, Date

Medical Physician's Stamp and Signature