

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

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**Supplement
 to Accompany the Leave of Absence Application on account of Illness
 2024 Summer Semester**

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 2024 Summer Semester (i.e. 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

Physician's Stamp and Signature