

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
 Winter Semester 2023/24**

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 2023/24
 (i.e. during the period between October 1, 2023 to February 29, 2024) on account of the illness I have
 diagnosed.

Type of Illness	
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Location, Date

Medical Physician
 Signature and Stamp