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 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 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	

will be prevented from studying for over a two-month period during the winter semester 2023/24 (i.e. between October 1, 2023 to February 29, 2024) on account of the pregnancy I have diagnosed.

Expected due date on	
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Location, Date

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Medical Physician's Stamp and Signature