

Johannes Kepler Universität Linz  
 Admissions Office  
 Altenberger Straße 69  
 4040 LINZ  
 AUSTRIA  
[beurlaubung@jku.at](mailto:beurlaubung@jku.at)

Matriculation Number

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

**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 summer semester 2024 (i.e. between March 1, 2024 to September 30, 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