

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  
 to Accompany the Leave of Absence Application on account of Pregnancy  
 2024 Winter 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 Winter Semester (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

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Physician's Stamp and Signature