University of Vienna
Teaching Affairs and Student Services
Admission Office
Universitätsring 1
1010 Vienna

Confirmation by a medical specialist
Application for remission of the tuition fee

Information about the person I am treating	
Last name:	Student ID number:
First name:	Date of birth:

Reason for being prevented from studying (diagnosis not required)		
The person I am treating is prevented from studying for the following reason:	medical condition	pregnancy

Period of prevention from pursuing their studies		
winter semester 20	from (DD.MM.YYYY)	until (DD.MM.YYYY)
summer semester 20	from (DD.MM.YYYY)	until (DD.MM.YYYY)

Signature of a medical specialist	
I hereby confirm that the person named above, who is being treated by me, is or will be prevented from pursuing their studies during the period stated.	
Stamp:	Signature:
Date:	Last name, first name:

Information for the student: Apply for remission of the tuition fee using the online form in the Servicedesk of the University of Vienna. Attach this completed and confirmed form to the application as proof that the reason for a remission of the tuition fee has been fulfilled.