

Tuition fee waiver

As of July 2020

Matriculation number

First name, last name

Citizenship

E-mail and telephone number

Post address

I hereby apply for a tuition fee waiver for the **Winter semester** _____
 Summer semester _____

- I am/will be unable to study for more than two months in the respective semester due to illness/pregnancy.
Proof: confirmation of medical specialist; Pregnancy: 'Mutter-Kind-Pass'
- I care for a child that has not yet exceeded the age of seven or is not yet required to attend school.
Proof: birth certificate of the child, residence registration document (Meldezettel) of child and student, affidavit
- I am/was performing in military or community service and am/was unable to study for more than two months.
Proof: Conscription notification from military command or the community service agency.
- I have a disability of at least 50% (in line with federal legal statutes).
Proof: Disabled ID card from the Austrian Social Welfare Office
- I received/receive Student Financial Aid in the past/current semester.
Proof: Official confirmation of financial aid
- I am citizen of an 'Other Low Income Country' or a 'Lower Middle Income Country' according to the OECD's DAC list, with a tight financial situation.
Proof: Affidavit
- I am citizen of an 'Upper Middle Income Country' according to the OECD's DAC list, with a tight financial situation (applying for halving the tuition fee).
Proof: Affidavit
- I collected ECTS credits abroad individually (non-programme mobility) and got them recognized - the amount of those ECTS credits exceeds the amount needed for ERASMUS mobility.
Proof: Confirmation of recognition
- I don't exceed the study duration per study segment/study programme (including two semesters tolerance).
Proof: No proof necessary - the Office of Student and Academic Affairs obtains all necessary information.
- other reasons: _____

I have **not yet paid**
 already paid the tuition fees for the above mentioned semester.

| | |
|--------------|------|
| Account name | Bank |
| BIC | IBAN |

| | |
|------|-----------|
| Date | Signature |
|------|-----------|

By signing this document, I confirm the completeness and correctness of the information given in this form. I understand that any false or misleading statement may affect the height of the tuition fee (double amount).

| Completed by the University | |
|-----------------------------|---|
| Der Antrag auf Erlass wird | <input type="checkbox"/> genehmigt — die Höhe der Rückerstattung beträgt: _____ |
| | <input type="checkbox"/> nicht genehmigt — Begründung: _____ |
| Für das Rektorat | |
| Datum | Unterschrift |