

Confirmation issued by medical specialist

Enclosure to the tuition fee waiver based on
illness / pregnancy

		Matriculation number
First name, last name	Date of birth	

I hereby confirm, that my patient (see information above) is not able/will not be able to proceed her/his studies for more than two months – from _____ to _____.

Reason <input type="checkbox"/> Illness <input type="checkbox"/> Pregnancy
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Date	Signature
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