

Medical Confirmation Application for a leave of absence

Medical, psychotherapeutic or clinically psychological confirmation

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 the medical, psychotherapeutic or clinically psychological professional

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 a leave of absence from your studies 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 leave of absence has been fulfilled.