

# Tuition fee waiver

As of October 2018

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*
- 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 currently have financial problems, and I am citizen of a country quoted in Appendix 1 of the Regulations of Tuition Fees.  
*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 abovementioned semester.

Account name	Bank
BIC	IBAN

Date	Signature
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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  **genehmigt** – die Höhe der Rückerstattung beträgt: \_\_\_\_\_

**nicht genehmigt** – Begründung: \_\_\_\_\_

Für das Rektorat

Datum

Unterschrift