



Confirmation from a medical consultant

Attachement for the application for remission of tuition fees

		Insurance number/Date of birth
Surname, first name(s) and academic degree		
Street, house number, staircase/floor, door number		
Postcode, city		
Telephone number		E-mail address

Circumstances for remission: Pregnancy Illness

I confirm that my patient mentioned above

due to pregnancy

due to the illness that I have diagnosed

during the time from _____ to _____ is
so impaired that he/she is prevented from studying.

_____ Date

_____ Signature and stamp of the medical consultant

DVR 0076554