……………………………………………………………………………… …………………………………

Surname, First name Date

……………………………………………………………………………… ………….…………………………………

Degree program / Degree (B.Sc. / M.Sc.) Telephone number\*

………………………………………………………………………………

Matriculation number

**Notification of an Existing Pregnancy for a Student**

Attachment: Copy of the maternity records (“Mutterpass”)

Dear Sir or Madam,

I would like to notify you of an existing pregnancy.

The estimated due date is ………………………………… .

Sincerely,

………………………………………………………………………………………..

Signature

\*Note: After this notification has been received, the Examinations Office will contact you.

To the

Universität Hohenheim

Abteilung Studienangelegenheiten

Prüfungsamt

70599 Stuttgart