Name (birth name), First name	
Address	
Phone number	
e-mail address	
Date	
	Please note:
To University of Hohenheim Graduate Academy (799) 70593 Stuttgart	The communication on parental leave must be submitted to the Graduate Academy 4 weeks in advance.
Communication on existing pr Regulations 2019 Sec. 30 (1 and	egnancy and parental leave (according to Doctoral 2)
Attachments: Maternity certificate Copy of birth certificate	/doctor's letter (Mutterschaftspass) or medical statement ate
I hereby declare that I will take my	parental leave as follows
From the date my child is born unti	l and including
(You can take up to three years of	parental leave per child.)
I will notify the Graduate Academy of any change immediately.	
Applicant's signature	
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