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

Surname, First name Date

………………………………………………………………………………

Degree program / Degree (B.Sc. / M.Sc.)

………………………………………………………………………………

Matriculation number

**Declaration of a Waiver of the Maternity Protection Period**

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

Dear Sir or Madam,

I informed you about an existing pregnancy on ………………………………… .

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

I hereby expressly declare that I will not make use of the maternity protection period.

Sincerely,

………………………………………………………………………………………..

Signature

To the

Universität Hohenheim

Abteilung Studienangelegenheiten

Prüfungsamt

70599 Stuttgart