

# To the Student Service Office Notification of Pregnancy

as determined in § 27 (1) German Maternity Protection Act  
(Students)

Fachhochschule  
Südwestfalen

University of Applied Sciences



Last Name, First Name \_\_\_\_\_, \_\_\_\_\_

Student ID Number

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Estimated due date according to maternity records \_\_\_\_\_

Protection period **before** birth from \_\_\_\_\_ to \_\_\_\_\_

In order to benefit from the **maternity protection period after the birth of your baby**, please hand in your child's birth certificate.

As determined in §3 subsection 3 number 1 of the German Maternity Protection Act, you also have the possibility to continue your studies during the period of maternity leave and to participate in the examinations. You can revoke this declaration at any time **with future effect**. (Later de-registrations from examinations are not possible)

I want to continue my studies during the period of maternity leave.

No (no further information required)       Yes

Please state which **compulsory courses** you will attend during the maternity protection period:  
(this is relevant for the risk assessment during the attendance of courses)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Do you attend any **compulsory courses** which take place after 8 pm, on Sundays, or public holidays during your studies?

No       Yes      if so, which: \_\_\_\_\_

\_\_\_\_\_  
Place, Date

\_\_\_\_\_  
Signature