

.....  
Name, first name

.....  
Date

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

.....  
Matriculation number

**Declaration of waiver of the maternity protection period**

Enclosure: Copy of the maternity pass

Dear Sir or Madam,

I informed you on ..... (date) that I am pregnant.

The expected date of delivery is: ..... (date)

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

Yours sincerely

.....  
Signature

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Please submit this form to the Examinations Office (*Prüfungsamt*).

Information on the maternity protection period for students can be found here:

<https://www.uni-hohenheim.de/en/maternity-leave-students>