



Technische Universität Braunschweig  
Fakultät.....  
Prüfungsamt (vertraulich)  
.....  
38106 Braunschweig

### Notification of End of Breastfeeding – Student

Please fill in and send by post or email to the responsible Examination Office of your faculty.

Name:

First name:

Degree programme:

Student no.:

Email:

Address:

Date of birth of the child:

#### Notification

I hereby notify you that as of .....(date) I stopped breastfeeding/will no longer breast-feed. (delete where inapplicable)

With my signature, I confirm that the statements made above are complete and correct.

Place, date

Student's signature