

	Jniversität Braunschweig			
Fakultät Prüfungsamt (vertraulich)				
•	·······			
a	and 22:00 and at Weekends Durir	ng Pregnan	-	
Please fill in	and send by post or email to the respo	nsible Exami	nation Office of your faculty.	
Name:		First nar	First name:	
Degree pro	gramme:			
Student no.	:	Email:		
Address:				
Estimated of	date or date of delivery:			
studies until		ic holidays if	at to attend courses within the scope of her she expressly confirms her willingness to do faternity Protection Act—MuSchG).	
Revocation	1			
I hereby revoke, as of(date), my previously submitted declaration to attend courses within the scope of my studies (please tick where applicable)				
	until 22:00		on Sundays and public holidays	
	during my pregnancy		while breastfeeding	
Note: A revoo	•	It will take ef	fect at the earliest from the date of receipt	
With my sign	nature, I confirm that the statements ma	ade above are	e complete and correct.	
Place, date		Student	's signature	