



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

Notification of Period 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: _____

Courses currently attended:

Title of the course	Teacher	Time	Sunday/holiday (yes, no)

With my signature, I confirm that the statements made above are complete and correct. I shall notify you as soon as possible when I stop breastfeeding (see document "Notification of End of Breastfeeding – Student"). If I continue to breastfeed during the following semester, I shall submit an overview of the courses I will be attending during that semester.

Place, date

Student's signature