



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

### Revocation of the Declaration of Continuation of Studies During Maternity Protection Periods

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:

Estimated date or date of delivery:

#### Revocation

I hereby revoke, as of .....(date), my previously submitted declaration of continuation of my regular course of studies at TU Braunschweig during the statutory maternity protection periods of

- six weeks before delivery
- eight weeks after delivery
- twelve weeks after delivery (in the case of medical premature births, multiple births, a disability diagnosed within eight weeks)

Note: A revocation can only be made for the future. It will take effect at the earliest from the date of receipt by TU Braunschweig.

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

Place, date

Student's signature