



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

Notification of Pregnancy – Student

Please fill in this form and submit it to the responsible Examination Office of your faculty either in person, by post or by fax.

Name: _____ First name: _____

Degree programme: _____

Student no.: _____ Email: _____

Address: _____

Estimated date of delivery: _____

Courses currently attended:

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

Please tick where applicable:

- In the case of declarations made for courses taking place between 20:00 and 22:00 or on Sundays and public holidays, I have enclosed the necessary completed form.
- I have enclosed a copy of my pregnancy record (Mutterpass) or a doctor's certificate.

With my signature, I confirm that the statements made above are complete and correct. I shall notify you immediately of any changes. I shall provide details of the courses to be taken in the following semester as soon as possible.

Place, date

Student's signature