



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

Notification of Birth / End of Pregnancy – Student

Please fill in and send by post or email to the responsible Examination Office of your faculty.
This notification is used for the final determination of your maternity protection period.

Name:

First name:

Degree programme:

Student no.:

Email:

Address:

Notification

I hereby notify you that as of(date) I am no longer pregnant (please tick where applicable):

- birth of child (please attach a copy of the birth certificate)
 end of pregnancy (please submit doctor's certificate)

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

Place, date

Student's signature