



## Notification of a pregnant or nursing student in accordance with § 27 Maternity Protection Act

### Personal data

Last name, first name	
Date of birth	
Street, house number	
Postcode, city	
Matriculation number	
Expected / actual date of birth	
Notification date	
Degree course	
Address and telephone number of the responsible Office for Student Affairs / Centre for Teacher	

### Details of the courses

Yes <input type="checkbox"/>	No <input type="checkbox"/>	<b>I perform practical activities</b> (e.g.: Internships, excursions, sporting events, practical activities in the context of bachelor's or master's theses) If you answered "no" to this question, the general risk assessment for participation in lectures and examinations applies.
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If you answered "yes", it must be determined whether a hazard exists in accordance with the Maternity Protection Act. Please complete and submit the checklist for determining risks. Please contact the responsible person in your department. If you need assistance in assessing the hazard, the occupational safety specialists at mas (-16/23685) are available to help.

Yes <input type="checkbox"/>	No <input type="checkbox"/>	<b>I attend courses on Sundays and/or holidays or courses between 8:00 p.m. and 10:00 p.m.</b>
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If so, you must provide a declaration of consent in accordance with the Maternity Protection Act. Please fill out the [Declaration of consent](#) and submit it with your application.

Yes <input type="checkbox"/>	No <input type="checkbox"/>	<b>I intend to participate in courses and/or examinations during the protection periods</b>
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According to the Maternity Protection Act, you are entitled to a protection period of 6 weeks before the birth and 8 weeks (12 weeks in the case of multiple births or children with disabilities) after the birth. During this time, you do not have to attend mandatory courses (internships, seminars, examinations). Universities are required by law to offer compensation for this. If you voluntarily take part in courses or examinations during these protection periods, you must submit a [declaration of consent](#) (waiver of the protection period). Please complete and submit the declaration of consent. **The declaration of consent can be revoked at any time.**

<b>Signature Student</b>
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<input type="checkbox"/>	<b>Maternity passport</b> (Copy) Only your name and the expected date of birth of the child must be recognisable.
<input type="checkbox"/>	<b>Medical certificate was handed over</b>
<input type="checkbox"/>	<b>Certificate was not provided</b>

<b>Signature Contact person in the department</b>
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