

## Waiver of Specific Rights under the Maternity Protection Act

### 1 Personal Details

Last name, first name: \_\_\_\_\_

Email (in the case of further questions): \_\_\_\_\_

### 2 Student Details

Student ID number: \_\_\_\_\_ Semester of study: \_\_\_\_\_

Degree program: \_\_\_\_\_ Aspired qualification: \_\_\_\_\_

### 3 Attendance of classes between 8 p.m. and 10 p.m. in accordance with § 5 MuSchG and on Sundays and public holidays in accordance with § 6 MuSchG

Students who are either pregnant or nursing their child may, at their own request, attend classes between 8:00 p.m. and 10:00 p.m. and on Sundays and public holidays provided this is necessary for their studies and any potential risks associated with working alone are eliminated. If attending classes on Sundays or public holidays, the student must be granted an additional day of rest following an uninterrupted night's rest of at least eleven hours.

Despite being pregnant or nursing my child, I hereby declare that, subject to the above conditions, I would like to attend the following **courses** which take place **between 8 p.m. and 10 p.m. or on Sundays and public holidays**:

*(Please state the module, type of class and title of the course, date or day(s) of the week and time of the course as well as the name of the instructor)*

### 4 Waiver of maternity protection according to § 3 MuSchG

At their own request, students may waive their right to the statutory maternity protection period, which begins 6 weeks before the expected date of delivery until 8 or 12 weeks after birth, in order to attend courses and examinations.

I hereby declare that I would like to attend the following **courses during the maternity protection period:**

*(Please state the module, type of class and title of the course and the name of the instructor)*

I hereby declare that I would like to take the following **examinations during the maternity protection period:**

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*(Please state the module, module name, type of examination and name of the examiner/person responsible for the examination)*

I have read and understood the information sheet on **Maternity Protection for Students**

I understand that I may retract my declaration with future effect at any time

\_\_\_\_\_  
Town/city, date

\_\_\_\_\_  
Signature of student