



Katholische Universität Eichstätt-Ingolstadt
Prüfungsamt
Ostenstr. 26
85072 Eichstätt, Germany

**Waiver of statutory maternity protection periods in accordance with the
Mutterschutzgesetz (MuSchG)¹**

Name:	
First name:	
Address:	
Phone:	
E-mail:	
Date of birth:	
Degree program:	
Faculty:	
Semester:	
Estimated due date/date of delivery: (Delete as applicable)	
Start of protection period:	
Responsible administrator at Examinations Office:	

I hereby explicitly declare that I voluntarily waive my entitlement to the maternity protection period and that I want to continue my regular studies at the Catholic University of Eichstätt-Ingolstadt during the statutory maternity protection period in accordance with Section 3 *MuSchG* for the

- ☐ six weeks before childbirth or
- ☐ eight weeks after childbirth or
- ☐ twelve weeks after childbirth in case of premature birth and/or multiple birth or
- ☐ six weeks before and eight weeks after childbirth or
- ☐ six weeks before and twelve weeks after childbirth in case of premature birth and/or multiple birth.

¹ *Mutterschutzgesetz (MuSchG) is the German maternity protection act regulating the protection of mothers at work, in training and during their studies.*

I am aware that I can revoke this waiver at any time with effect for the future by submitting an informal letter.

I am aware that after having taken an examination or assessment, any reasons connected to the pregnancy in accordance with which the examination or assessment should be deemed to be not taken cannot be acknowledged.

I am aware that this declaration ceases to be effective as soon as the result of the risk assessment in accordance with Section 10 *MuSchG* or a medical certificate in accordance with Section 16 *MuSchG* demand a full or partial prohibition of studies.

Place, date

Signature