



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

Revocation of waiver of the statutory maternity protection period

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

I hereby revoke my waiver of the statutory maternity protection period from
_____ (date).

I am aware that this revocation is only possible with effect for the future and that it will become effective at the earliest upon receipt by the Catholic University of Eichstätt-Ingolstadt.

Place, date

Signature