Please note that ONLY the German version of this document is legally binding. The English translation is provided for informational purposes and to help you fill out the original German form. You must fill out and sign the German form.



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

Last updated: August 2018