

## Waiver on the utilisation of maternity protection periods

UNIVERSITY OF APPLIED SCIENCES  
LANDSHUT  
Student Service Centre  
Am Lurzenhof 1  
D-84036 Landshut

Surname, first name \_\_\_\_\_

Date of birth \_\_\_\_\_

Degree programme \_\_\_\_\_

Matriculation number \_\_\_\_\_

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**Relative ban on studying and examinations (§ 3 MuSchG) during the maternity protection period six weeks before and at least eight weeks after the birth** (extension in the case of premature birth, multiple births, children with disabilities and determination within eight weeks):

*Pregnant women/mothers (within the meaning of Section 1 (2) sentence 2 number 8) during the maternity protection period may not take part in examinations or courses with compulsory attendance, excursions or laboratory and practical activities unless they expressly declare their willingness to do so (in writing). This declaration can be revoked at any time with effect for the future (in writing).*

I hereby **voluntarily** waive my entitlement to the maternity protection period

☐ Six weeks before the birth

☐ eight weeks after the birth

This waiver regarding the utilisation of maternity protection periods can be revoked at any time **for the future**.

Otherwise, the general examination regulations apply.

I further declare that I will not contest the examination on the grounds that I have performed individual examination services during the protection period.

\_\_\_\_\_  
Place / Date

\_\_\_\_\_  
Signature

**Please submit this waiver IN ORIGINAL (and, if applicable, the revocation of the waiver) completed in person or by post to:**

**Landshut University of Applied Sciences - Student Service Centre**