

## Revocation of declarations already made

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

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

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

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

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

Phone +49 (0)871 - 506 182  
Fax +49 (0)871 - 506 506  
studieren@haw-landshut.de  
www.haw-landshut.de

I hereby **revoke** as of \_\_\_\_\_ (date) the declaration I have already made on

☐ **Waiver of the utilisation of maternity protection periods**

☐ **Consent to work until 10 p.m.**

☐ **Consent to work on Sundays and public holidays**

**Note:**

Your cancellation is only possible for the future. It becomes effective at the earliest upon receipt at Landshut University of Applied Sciences.

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

\_\_\_\_\_  
Signature

**Please fill out this cancellation form IN ORIGINAL and return it in person or by post to  
Landshut University of Applied Sciences - Student Service Centre**