

Date of receipt:	
Time:	
Recipient:	

## **Waiver of the Claim to Maternity Protection Periods**

Family name:	
Given name(s):	
Date of birth:	
Degree programme:	
Student ID number:	
Expected due date:	
Period of protection:	
delivery. I am aware that I may rescind the (to be submitted to the University Service)	y claim to my period of protection before or after is waiver at any time for the future in written form be for Family, Equality, and Occupational Health examination, health reasons cannot be recognized mpt.
City, date	Signature

## **Contact:**

University Service for Family, Equality, and Occupational Health (HSFG) Dürrenhofstraße 6 90402 Nuremberg

Telephone: +49 911/5880-4088 Email: <u>hsfg@th-nuernberg.de</u>

www.th-nuernberg.de



If a student submits this form to you, please complete the fields above with the date and time of receipt and your name; send the completed form in a closed envelope via in-house mail to the University Service for Family, Equality, and Occupational Health (HSFG). Important: You do <u>not</u> need to ask if a student is pregnant, nursing, and/ or in the protection period.

## Background information:

A pregnant or nursing student, who is in the protection period (usually 6 weeks prior to and 8 weeks after delivery), must sign a waiver before sitting an exam (= Waiver of Protection from the MuSchG), if they want to participate in an examination. Usually, the student has already submitted this waiver to the University Service for Family, Equality, and Occupational Health (HSFG). In the case that a pregnant or nursing student wishes to sit an examination during the protection period and has not yet signed a waiver, they can do so before the examination begins.