

### Disclaimer

This document is a courtesy translation provided for your convenience. Please note that the original form must be opened and completed in the **German language**. Only the **German version** is legally binding.

To: Examination Office via examiner

### Declaration on Voluntary Completion of an Examination During Maternity Leave

Personal details			
Name, first name			
Student ID			
degree programme			
Street, house number			
Postcode, town			
Telephone			Email
<b>Examination number</b> (see examination schedule)	<b>Examination subject</b>		<b>Examination date</b>

I hereby declare that I am currently on maternity leave. I have been informed of my rights regarding examinations during maternity leave:

I am aware that I am not required to take any examinations or complete any other coursework during my maternity leave, as maternity leave is a statutory protection period pursuant to Sections 3, 4, 5 and 6 of the MuSchG (Maternity Protection Act) and also applies to me as a student.

Taking the following examination is my own free decision. I expressly declare that I wish to take this examination despite being on maternity leave, as my condition allows me to do so and I am feeling well enough to do so.

Should this change after the start of the examination, I can revoke this declaration and submit a medical certificate to the Examination Office of the Student Administration Office within 3 days of the examination.

### **Note:**

This declaration must be signed before the examination is taken and handed to the examiner. The declaration must then be forwarded to the Examination Office.

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Date / Signature of the student