

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: Student Administration Office

Notification of pregnancy

Personal details			
Name, first name			
Student ID			
degree programme			
Street, house number			
Postcode, town			
Telephone (optional)		Email	
(Expected) date of birth			

I am informing you about

☐

a pregnancy

☐

breastfeeding (if pregnancy was not indicated)

☐

I am employed as a student assistant at Brandenburg University of Applied Sciences.

The employment relationship is limited until _____

Description of the activity:

Please enclose a copy of your maternity log with this notification.

Date / signature of the student