



To the
University of Konstanz
Division of Student Affairs and Teaching
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GERMANY

Contact

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Declarations on the
legal maternity protection periods
as per the Mutterschutzgesetz MuSchG (maternity protection act)

Last name, first name:		Student ID no: (Application no):	01/
Phone/mobile/email:			

Important: Please tick all relevant boxes. Legal basis: §§ 3 and 15 MuSchG.

Declaration

- I hereby expressly **declare** that during the legal maternity protection period
- six weeks prior to giving birth or
 - eight weeks after giving birth or
 - six weeks prior to and eight weeks after giving birth

I intend to continue my regular studies at the University of Konstanz.

Notes: If you give birth early or if you give birth to multiple children, the protection period after delivery is twelve weeks. Your declaration will be deemed void if either a risk assessment in accordance with § 10 MuSchG or a medical certificate in accordance with § 16 MuSchG conclude that you must not be allowed to continue your study programme or certain aspects of it. This is to safeguard both your own health and/or the health of your child/children as per statutory law.

Revocation

- I hereby **revoke** my previous declaration expressing my intent to continue my studies during the maternity protection period effective (date).

Note: You cannot revoke your declaration retroactively. Your revocation will come into effect once it has been received by the University of Konstanz.

Breastfeeding

- I hereby inform the University of Konstanz that I intend to **breastfeed** my child/children
- until approximately (date) or
 - have stopped/will stop breastfeeding** on (date).

.....
Place, date

X
.....
Signature

For internal use:
1. EDP processing (date/initials):
2. For the student's file

Effective: January 2018