

Notification of a pregnancy/birth* for the winter/summer semester _____

(Please delete as appropriate.)

in accordance with the German *Mutterschutzgesetz*
[Mothers Protection Law] as of 23 May 2017



Student Services
Kanzleistr. 91-93
24943 Flensburg, Germany

* The *Mutterschutzgesetz* [Mothers Protection Law] protects the health of women and their children in their studies during the pregnancy, after giving birth and during the period of breastfeeding. As soon as you as student of FUAS have informed us of your pregnancy or the fact that you are breastfeeding your child, a risk assessment has to be made and the university has to identify possible measures for your protection. In addition FUAS has to offer you an appointment in which further adjustments to the conditions you study in can be discussed. In order to meet the legal requirements, we need your help and therefore ask you to provide as detailed information as possible. Should any of the details you provide here change, please let us know. Thank you.

| | |
|---|--|
| Last name: | First name(s): |
| Date of birth: | Student ID no.: |
| Expected date of birth of your child: Please include a copy of your <i>Mutterpass</i> [maternity health record]. | Date of birth and name of your child: Please include a copy of the birth certificate. |
| Phone number: | E-mail address: |
| Degree programme: | Subject-related semester: |

Please check as appropriate.

- I work or will work next to my studies.
 - Other employment at (employer): _____
 - I work as a student assistant at FUAS or will do so.
- Weekly working time: _____
- During my pregnancy/the time of breastfeeding I plan to
 - attend the following lectures*: _____
 - complete the following labs*: _____
- During my pregnancy/the time of breastfeeding I will probably start my obligatory internship. I will notify FUAS of this in due time.
- During my pregnancy/the time of breastfeeding I plan to attend field trips. I will notify FUAS of this in due time.
- I plan to take a leave of absence from FUAS in the scope of the legally defined maternity protection period/maternity leave and I plan to sit the following exams in this period*:

- I am notifying FUAS of my pregnancy as a precautionary measure and would like to make an appointment to discuss possible adjustments of the conditions I study in.
- I ask to be contacted by Student Administration via e-mail in regards to the conditions I study in.

_____, on the _____
Place Date Signature of the student

*If the designated space is not sufficient, please include an attachment.

*Please note: This document is a translation from German and serves information purposes only.
The legally binding document is the German original.*