

Individual Examination Arrangements During Maternity Protection

Legal basis:

General Examination Regulations § 8 (3) BA or § 7 (3) MA

Please complete this form electronically, sign it digitally, and submit it by e-mail.

To the Examination Board of the Faculty	
Contact person	

Personal Details of the Applicant Student

Last Name	
First Name	
Student ID number	
Degree program	
E-mail	

I hereby apply for individual arrangements for the following examinations

Winter semester

Summer semester

Examination number	Title of examination

Further information and notes:

The decision of the Examination Board will be documented in the student file.

Place, Date

Signature of the applicant

Statement of the Family Service

The pregnancy has been duly reported, and the notification for the risk assessment has been submitted to the Regional Council (*Regierungspräsidium*).

Place, Date

Signature, Family Service