

Notification of a Pregnancy or Breast Feeding Period (§ 15 Maternity Protection Act)

Last name, first name	
Date of birth	
Student ID number	
Email address	

Complete details of all degree programs and other courses, on which the student is currently enrolled:

Qualification	(Partial) degree program

- I hereby inform the University of Bonn of my pregnancy.
- I hereby inform the University of Bonn that I am breast feeding.

A medical certificate is enclosed (proof with name, date of birth and estimated delivery date)¹.

- I am employed as a student assistant or graduate student assistant.

Data privacy statement

I consent to the processing and transmission of the data submitted above for the purposes of implementing the provisions of the Maternity Protection Act.

- Responsible contact persons for my degree program(s) for maternity protection (usually the degree program manager)
- The responsible examination board(s) of my degree program(s)
- Persons responsible for modules affected by my case or their authorized representatives for my degree program(s)
- Occupational safety and environmental protection at the University of Bonn
- The Student Registry of the University of Bonn (Section 1.3)
- University of Bonn Human Resources division, as far as the person involved is employed by the University of Bonn as a student assistant or graduate student assistant.
- Cologne District Council as the supervisory authority

Date, signature: _____

¹ e.g. Copies of the corresponding pages from the *Mutterpass*, copy of the birth certificate