Name and surname ……………........................................................Date of birth (dd.mm.yyyy)..................

Study program...................................................................................................................................................

**Notification of pregnancy / birth of a child / taking a child into custody**(please indicate the relevant option)

I, the undersigned, hereby notify of:

□ A pregnancy – expected date of birth ……………….

I have attached a copy of the pregnancy card (it is necessary to deliver a copy of the child's birth certificate\* to the Student Affairs Division of the Faculty within **22 weeks** after the expected date of childbirth)

□ The birth of a child on (date):.………………

I have attached a copy of the birth certificate \*

□ Taking a child into care on date .………….

I have attached a copy of a decision to take a child into custody \*

………………………….. ………………………………………

 Date Signature of student

\* *in the case of an in-person visit the* *Student Affairs Division /* *Department of Doctoral Studies, it is sufficient to present the original document*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Based on your form of notice, you will be registered for the recognized period of parenthood (starting 8 weeks prior to giving birth for mothers/ on the day of the child’s birth for fathers / on the day the decision comes into force in the case of taking the child into custody) and terminating when the child reaches three years of age.