NOTIFICATION OF PREGNANCY STATUS

Postgraduate Education Office

Student number……

To the Rector of the University of Milan – Bicocca

Student Name and Surname……

born in ……Nation/Province…..…….on…….

Enrolled for the a.y.. ...../ ..... to the

- ○ **First level professional master programme** *(master universitario di I livello)*
- ○ **Second level professional master programme** *(master universitario di II livello)*
- ○ **Specialization course** *(corso di perfezionamento)*
- ○ **Training course** *(corso di formazione)*
- ○ **Executive course** *(corso executive)*

In

.....

Communicates her pregnancy status according to the application of Legislative Decree 151/01.

Address……Town……

(Nation/Province)……Postal Code…..

cell phone ……..e.mail……@campus.unimib.it

Incomplete form will not be accepted.

- A medical certificate of pregnancy must be enclosed to this form.
- This form must be sent by email to carriere.academy@unimib.it along with a copy of ID.
- This communication is sent by the Postgraduate Education Office to the Prevention and Protection Service of the University of Milan-Bicocca.

Date…….. *Sign……*