

Application for the professorship for

PERSONAL DATA	
Complete title: <i>(Prof. / PD / Dr. med. / Dr. rer. nat. / others)</i>	
Name <i>(if applicable name at birth):</i>	
First name(s):	
Date and place of birth <i>(dd.mm.yyyy):</i>	
Nationality:	
Current function/occupation:	
<i>Civil servant:</i>	No Yes since:
<i>Salary class:</i>	
Private address:	
<i>Post code / Town:</i>	
<i>Street / House no.:</i>	
<i>Telephone:</i>	<i>E-mail:</i>
<i>Country:</i>	
Current agency:	
<i>Post code / Town:</i>	
<i>Street / House no.:</i>	
<i>Telephone:</i>	<i>E-mail:</i>
<i>Country:</i>	
TERTIARY EDUCATION / EXAMS	
Final degree: <i>(subject / date - dd.mm.yyyy / mark)</i>	
University:	
Graduation: <i>(doctor's degree / date - dd.mm.yyyy / mark)</i>	
University:	
Habilitation: <i>(subject / date - dd.mm.yyyy)</i>	
University:	
If applicable, acceptance as medical specialist: <i>(subject / date - dd.mm.yyyy)</i>	
Other final degrees: <i>(subject / date - dd.mm.yyyy)</i>	
University:	
MISCELLANEOUS	
Severely disabled, equal under law as well as other reduction in earning capacity: <i>(degree of reduction in earning capacity in percent)</i>	
Proof: <i>(authority / date / reference number)</i>	

Note on the English version: The official language is German, in case of doubt, the German version shall prevail.