

Application for the professorship for .....

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

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