

Application for the professorship for

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

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