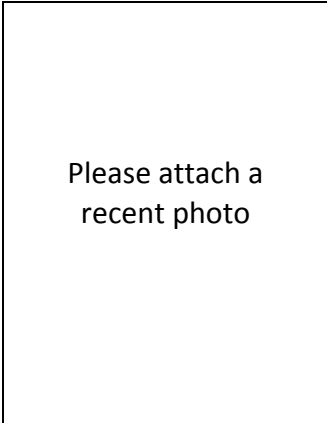


## Lecturer / Research Associate - Portfolio



Personal Data			
Name, Surname:			
Date of Birth:		Place of Birth:	
Street, No.:			
ZIP, City:			
Nationality			
Tel. (Home):			
Tel. (Mobil):			
Email:			
Homepage/Skype:			



Passport-Nr:  
 .....  
 Date of Issue:  
 .....

Formal Education		
from - to	Name of institute / Qualification	Conclusion / Diploma

Lecturer / Research Activities / Projects	
from - to	Institute / University / College / Academy

Field of Teaching / Subject Area	
Field / Subject	Topics / Specialization

Publications		
Publisher	Title/Theme	Date of publishing

Languages		
Language	Competence	Level
English	<input type="checkbox"/> Native Speaker <input type="checkbox"/> fluent (oral and written) <input type="checkbox"/> Basics	<input type="checkbox"/> A1 <input type="checkbox"/> B1 <input type="checkbox"/> C 1 <input type="checkbox"/> A2 <input type="checkbox"/> B2 <input type="checkbox"/> C 2
German	<input type="checkbox"/> Native Speaker <input type="checkbox"/> fluent (oral and written) <input type="checkbox"/> Basics	<input type="checkbox"/> A1 <input type="checkbox"/> B1 <input type="checkbox"/> C 1 <input type="checkbox"/> A2 <input type="checkbox"/> B2 <input type="checkbox"/> C 2
	<input type="checkbox"/> Native Speaker <input type="checkbox"/> fluent (oral and written) <input type="checkbox"/> Basics	<input type="checkbox"/> A1 <input type="checkbox"/> B1 <input type="checkbox"/> C 1 <input type="checkbox"/> A2 <input type="checkbox"/> B2 <input type="checkbox"/> C 2
	<input type="checkbox"/> Native Speaker <input type="checkbox"/> fluent (oral and written) <input type="checkbox"/> Basics	<input type="checkbox"/> A1 <input type="checkbox"/> B1 <input type="checkbox"/> C 1 <input type="checkbox"/> A2 <input type="checkbox"/> B2 <input type="checkbox"/> C 2

I certify to the best of my knowledge the information provided in this application is accurate and complete. The demanded documents (transcripts, licences, or certificates) are attached. I am aware that intentionally or willfully made false statements are unacceptable and could lead to exclusion from the application procedure/registration. I acknowledge that all official transcripts which I submit become the property of the Institution and will not be forwarded to another institution or returned.

.....  
City, Date

.....  
Signature

**Appendix:**  
 • ID-Card or Passport • Photo • Diplomas • Certifikates • Degrees • List of Publications • Transcripts.  
 (All Documents has to be submitted in electronic version (PDF or jpg-Format). The original documents or original translations shall be submit on request.)