



Personal data			
Last name:		First name:	
Date of Birth:		Address:	
Phone number:		E-Mail:	

Application for the granting of a teaching assignment for the fulfillment of the habilitation criteria

for the semester:

Course details							
Course number (if available):		Semester Hours (SH):		Duration (SH):		Course Type (e.g. SE):	
Title:							
Content:							
Objective (Expected Results of Study and Acquired Competences)							
Language:							

Position in the curriculum (please mark with a cross where applicable)							
Free Course	<input type="checkbox"/>	Compulsory course	<input type="checkbox"/>	Elective Compulsory Course	<input type="checkbox"/>		
Study code (please mark with a cross where applicable)							
UN 202 Human Medicine	<input type="checkbox"/>	UN 094 PhD	<input type="checkbox"/>	UN 936 Medical informatics	<input type="checkbox"/>		
UN 203 Dentistry	<input type="checkbox"/>	UN 790 Doctoral Program of Applied Medical Science	<input type="checkbox"/>	UN 329 Molecular Precision Medicine	<input type="checkbox"/>		



Course dates	
Preliminary meeting:	yes: <input type="checkbox"/> at: <input type="text"/> no: <input type="checkbox"/>
Pre-meeting time:	from: <input type="text"/> to: <input type="text"/>
Course Location:	<input type="text"/>
Block Course:	yes: <input type="checkbox"/> from: <input type="text"/> to: <input type="text"/> no: <input type="checkbox"/>
Days	MO <input type="checkbox"/> TU <input type="checkbox"/> WE <input type="checkbox"/> TH <input type="checkbox"/> FR <input type="checkbox"/>
Holding time:	from: <input type="text"/> to: <input type="text"/>
Course Location:	<input type="text"/>
max. number of participants:	<input type="text"/> Patients in LV: yes: <input type="checkbox"/> no: <input type="checkbox"/>
Room equipment:	<input type="text"/>
Online registration details	
Registration period:	from: <input type="text"/> to: <input type="text"/>
Further information:	<input type="text"/>

The application must be completed with the following documents:

- List of publications
- Written statement of the head of the OU of the Medical University of Vienna
- Short exposé about the planned course

Only completed applications can be considered.

Applicants confirm the information with their signature and agree to inform the Rectorate of the Medical University of Vienna immediately in writing of any changes.

Date

Signature applicant

Date

(OU-Stamp label)

Signature of the head of the organizational unit

Not to be filled in by applicants

Approved

Not Approved

Explanation:

Date

Signature of the Vice Rector for Teaching