

Applicant (name):
BOKU Department

Date stamp

Att.:
Chairperson of the Senate
Senate's Office

Application for approval
of a guest professor
for the Academic Year _____ / _____

WS
 SS

Surname:	
First name:	Social Security Number (date of birth requested):
Academic degree:	
Other academic titles:	
Citizenship:	
Gender: <input type="checkbox"/> male <input type="checkbox"/> female	Family status:
Home address (country, postal code, city, street, house number):	
e-mail:	
Current employment as:	
at: address:	
Is there a current public employment in Austria:	
<input type="checkbox"/> yes <input type="checkbox"/> no if yes: <input type="checkbox"/> public servant <input type="checkbox"/> contract worker	
Government department:	

Has there been an appointment as a guest professor within the last 5 years: yes no

Duration of residence: from _____ to _____ (number of days: _____)

Will the course be offered virtually: yes no

Teaching activity at BOKU

Title of the course:	Type of course:	Semester hours per week:	ECTS:
Fields of study involved:			
Learning objectives:			

Will the course be taught in blocks: yes no

Exploratory focus at BOKU / common exploratory focus: (in note form)

Reimbursement of allowances/Remuneration:

The Guest Professor's teaching activity is being paid per semester hours per week.
The fixed salary per semester hour per week is € 2.127,-

Remuneration for teaching: _____

€ 200,- accommodation expenses per day for max. 7 days per semester period per week (5 working days residence per semester hour per week are obligatory). The maximum that guest professors can apply for is 2 semester hours per week with a maximum of 14 days of stay.

Accommodation expenses: _____

Travel expenses can be refunded if you hand in the original documents in the personnel office. The maximum that can be refunded is € 500,- for Europe, € 1.000,- world-wide.

Expected amount of travel expenses: _____

Please note that if the course is offered virtually, there will be no refund of traveling expenses or daily allowance!

Total amount requested: _____

Date, signature of the applicant

To be discussed by the department conference

Department conference _____ dealt with approved: yes no

Date, signature of the head of department

**Please submit your application per e-mail to the Senates Office
(helga.kahofer@boku.ac.at).**

Attachments:

- Statement of the applicant
- Guest's CV with a special emphasis on the scientific career and the current area of work
- Statement of the head of department
- Confirmation of Habilitation Equivalence