



To the Division of Administration of Teaching and Learning

Information on the teaching tutorial	
Application period:	<input type="checkbox"/> Winter term _____ <input type="checkbox"/> Summer term _____
<input type="checkbox"/> Application for a student assistant in teaching	
<input type="checkbox"/> Application for revocation	

Information about the course			
Name of the institute:		Institute number:	
_____		H _____	
Course no.:	Course title:	SWS of the course:	
_____	_____	_____	
Curriculum status:	Course type:	Tutorial SWS:	Hours per week:
_____	_____	_____	(SWS * 1,5) _____

Information about the person (please enclose copy of e-card and bank card)	
LAST NAME, first name, academic degree:	Social security number ¹ :
_____	_____ - _____
Registration address (street, ZIP code, city):	

Email address:	Nationality: _____
_____	Gender: M <input type="checkbox"/> F <input type="checkbox"/> D <input type="checkbox"/>
IBAN:	

Name of the bank: _____	BIC: _____
The person is a student at BOKU: <input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, at which university? (University, study): _____	
Highest education completed: <input type="checkbox"/> AHS <input type="checkbox"/> BHS <input type="checkbox"/> Bachelor's degree	

I confirm the accuracy of the personal data:
Signature of student employee, Date

I request the assignment of the student employee to the above-mentioned department:
Signature of Department head, Date

Notes - Division of Administration of Teaching and Learning (please do not fill in!):

¹ If no social security number is available, the date of birth must be given