

REGISTRATION FORM FOR THE FURTHER EDUCATION OF THE RUHR-UNIVERSITY BOCHUM

Personal information

Address: Title: Function:
Surname: First name:
Office address (e.g. faculty, department, institute):
Building: Floor: Room:
Telephone: E-Mail:
Do you agree to be kept updated via E-Mail for similar further education courses?
 Yes No

Course information

Course number: Date of course:
Course title:
(Please complete one form for each course!)

If appropriate please provide information about your qualification (Only for courses for researchers)

Doctorate due on: Doctoral degree since:
(Junior) professor / junior group instructor / habilitated since:
Employed at the RUB since:

Further information

If you require childcare, you can inform about and register for the childcare offer during the courses at www.uv.rub.de/ifb/kinderbetreuung/

Do you need support due to a physical disability?
No Yes, I require :

Date/signature of the employee If appropriate, date/signature of the superior

If a request for participation in a further education course is turned down by the superior, this must be justified on the valid application form.

Justification:

Please send your registration by fax to 0234/32-02873, by email to fortbildung@rub.de or by post to:

Fortbildung der RUB
UV 3/334
-Im Hause-