



Application for the career professorship according to section 99 par. 5 of the Austrian University Act (UG) for

In order to enable better comparability of the individual applicants, it is important that your documents are optimally prepared. You are therefore requested to prepare the required documents as well as possible according to the specifications.

Personal details:

First name and surname:	
Date of birth:	
Street:	
Postcode and town:	
Telephone number:	
Email address:	
Citizenship:	
Current occupation:	
Any periods of care/parental leave:	

1. Education and Expertise

1.1. Study /Studies

Period	University	Subject	Academic title

1.2. Habilitation:		
Habilitation Subject	Year	University

1.3. Specialist Doctor:		
Specialist Title	Year	Completed where?

2. Professional Career		
2.1. Places of work and activities		
Period	Institution	Activity

2.2. Awards and Prizes	
Year	Type and Description

2.3. Activities in Scientific Bodies such as Professional Societies, Scientific Committees, Advisory Boards, Editorial Boards, etc.		
Activity	Committee	Period

3. Research

3.1. List of Publications for Bibliometric Analysis

Please provide this in a separate Excel file (Link: <https://www.i-med.ac.at/forschung/Forschungsevaluation/Bibliometrische-Auswertungen.html.de>) in required format.

3.2. Third-Party Funding Received	
	Sum in €
Internationally peer-reviewed research projects:	
Industry funds:	
Others:	
Total sum:	
<i>Total of projects approved in the last 5 years:</i>	

Project Title	Funding Organisation and Project Number	Peer reviewed		Period	Function*	Share %**	Funding amount €***
		Y	N				

***Function:** Head, co-applicant, spokesperson for SFB, etc.

****Share:** for individual projects without co-applicant = 100%, for SFBs, EU projects, clinical studies, etc. own share as a percentage of the total amount.

*****Funding amount:** for SFBs, EU projects, clinical studies, etc., only the funding amount for your own part of the project may be stated.

Please enclose copies of the approval letters. .

4.2. Number of Supervised and Completed Academic Theses, if applicable			
Field of Study of the Supervised Students (e.g. human medicine, dentistry, natural sciences, etc.)	Type of Thesis*	Number	
		completed	ongoing

* **Type of Thesis:** Bachelor theses, Diploma theses, Master's theses, Dissertations, Habilitations

4.3. Didactic Further and Continuing Education		
Course Name	Provider	Hours

Please enclose copies of certificates of attendance.

5. Administrative and Organisational Activities / Academic Self-Administration		
Year	Institution	Type and Description

6. Annexe

Please list the other files enclosed with this application.

Please note the documents to be submitted (see homepage <https://www.i-med.ac.at/karriere/laufbahn.html>).

File Name	Content

I hereby confirm that the above information is correct.

Date

Signature
