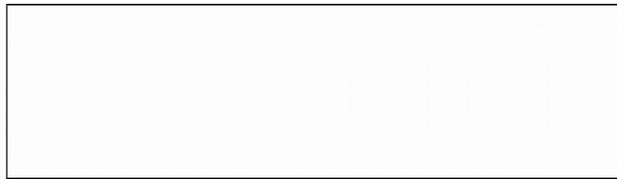




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Application for the approval of individual-study activities during the advanced-study period and for retroactive financial aid for expenses incurred thereby

For administration only:
Eingegangen am: _____
Bearbeitungsnummer: _____

1. Applicant

Name: _____
Street address: _____
Zip code, city: _____ Matriculation number: _____
E-mail address: _____ Telephone number: _____
Course of study: _____ Semester total: _____ Semester in this course: _____
 Bachelor Master Diplom Lehramt Staatsexamen
Bank: _____ Account number: _____ Bank code: _____

2. Form of individual-study activities

Conference Workshop Trade fair Practical course
 Research project Stay abroad Internship in industry Other

Date/period of study activities: _____

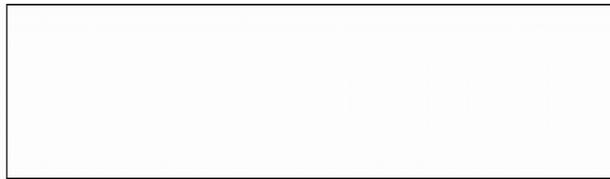
Topics, if applicable state exact research topic: _____

Motivation: _____

Contribution: Poster Speech Project report Other: _____



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3. Incurred expenses for which financial aid is applied

Travel costs Accommodation Material expenses (poster, foil, ...) Other

Total costs (Euro): _____

Specification: _____

4. Other aid

I have applied to receive financial aid from the following sources: _____

Financial aid was/will be given by other sources:

No

Yes, I received/will receive payments in the amount of _____ Euro from:

5. Declaration of the applicant

I confirm the accuracy of this statement and affirm that the individual-study activities will advance my education. I have read the handout on applying for support. I will provide original invoices/receipts for all incurred expenses for which financial aid is applied. I understand that aid is only possible for students in the 5th semester and higher and that it can only be given retroactively.

Date

Signature

6. Attachment

I am attaching the following invoices/receipts/supporting documents as well as information on the study-activities (programme, invitation, flyer, ...):



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7. Statement of a full professor of Faculty 18

I confirm that the above study activities will advance the applicant's education. The applicant is known to me and will benefit from these activities.

Date

Signature
Prof. Dr. _____

8. Decision of the Dean

Positive, amount of support: _____

Negative, reason: _____

Date

Signature
Prof. Dr. _____

9. Administration

Applicant notified on: _____

Support transferred on: _____

Date

Signature