# MEDICAL UNIVERSITY OF VIENNA

| Personal data | | | |
|---|---|---|---|
| **Last name:** | | **First name:** | |
| **Date of Birth:** | | **Address:** | |
| **Phone number:** | | **E-Mail:** | |

# Course application for external lecturers

**Habilitation**     yes     ☐     no     ☐

| **Habilitation at the MedUni Vienna** | **Subject:** | |
|---|---|---|
| **Habilitation at a foreign University** | **University:** | |
| | **Subject:** | |

**for the semester:**

| Course details | | | | | | | |
|---|---|---|---|---|---|---|---|
| **Course number** (if available): | | **Semester Hours (SH):** | | **Duration (SH):** | | **Course Type** (e.g. SE): | |
| **Title:** | | | | | | | |
| **Content:** | | | | | | | |
| **Objective** (Expected Results of Study and Acquired Competences) | | | | | | | |
| **Language:** | | | | | | | |

| Position in the curriculum (please mark with a cross where applicable) | | | | | |
|---|---|---|---|---|---|
| **Free Course** | ☐ | **Compulsory course** | ☐ | **Elective Compulsory Course** | ☐ |
| **Study code** (please mark with a cross where applicable) | | | | | |
| **UN 202 Human Medicine** | ☐ | **UN 094 PhD** | ☐ | **UN 936 Medical informatics** | ☐ |
| **UN 203 Dentistry** | ☐ | **UN 790 Doctoral Program of Applied Medical Science** | ☐ | **UN 329 Molecular Precision Medicine** | ☐ |

| Course dates | | | | | | |
|---|---|---|---|---|---|---|
| **Preliminary meeting:** | yes: | ☐ | at: | no: | ☐ | |
| **Pre-meeting time:** | from: | | | to: | | |
| **Course Location:** | | | | | | |

| Block Course: | | | | | | | |
|---|---|---|---|---|---|---|---|
| **Block Course:** | yes: | ☐ | from: | to: | | no: | ☐ |

| Days | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| **Days** | MO | ☐ | TU | ☐ | WE | ☐ | TH | ☐ | FR | ☐ |
| **Holding time:** | from: | | | | to: | | | | | |
| **Course Location:** | | | | | | | | | | |
| **max. number of participants:** | | **Patients in LV:** | | yes: | ☐ | no: | ☐ | | | |
| **Room equipment:** | | | | | | | | | | |

| Online registration details | | | |
|---|---|---|---|
| **Registration period:** | from: | to: | |
| **Further information:** | | | |

Applicants confirm the information with their signature and agree to inform the Rectorate of the Medical University of Vienna immediately in writing of any changes.

Date

Signature applicant

Date    (OU-Stamp label)    Signature of the head of the organizational unit

**Not to be filled in by applicants**

☐    Approved              ☐    Not Approved

**Explanation:**

Date

Signature of the Vice Rector for Teaching