Application for financial support through the equal opportunity fund ("Frauenfördermittel")

(Please hand in before the planned event)

Name, first name	
Address/Institute	
Telephone number	
E-mail address	
Study program/Worki	ing group
Student	Scientific staff Administrative-technical staff
Intended purpose/Exp	planatory statement
of expected costs. In case	ry documents, e.g. course programs or itineraries, as well as a detailed specification e of a not women-specific purpose (e.g. conference participation) please provide proof unding options and that alternative funding applications were not successful)
 Place, date	Signature of the applicant

The commission supports the application and grants a support of	€.
The commission does not support the application.	
Place, date	
Signature of the commission chair/ equal opportunity officer	