



Application for a Reduction in Teaching Duties (as provided for in § 8 (2) Lehrverpflichtungsverordnung - LVVO M-V (Regulations Governing Academic Teaching Duties))

of 25 October 2001

Surname, First Name

Official Title

Institute/Faculty

1. Description of the additional role/function (§ 8(2) LVVO)

2. Duration

Start _____

End _____

3. Requested reduction in number of hours taught

4. Number of hours to be taught in main academic role as specified in LVVO M-V

5. Do you perform other roles/functions for which you have not yet applied for a reduction in hours?

Yes

No

6. Have you already been granted a reduction in the number of teaching hours?
 No Yes If yes, please provide details

7. If request is being submitted by a subject advisor:
Name of the degree course:

I understand that there can be no reduction in teaching duties before a written decision has been issued

Greifswald, _____

Date

Signature of applicant

8. Statements/Opinions: (if space is insufficient, please add an additional sheet)

8.1. Line Manager / Supervisor:

8.2. Head of Institute/Department:

8.3. Dean:

9. Checked and verified by: Dep. 2.4 Contolling and Statistics

Date:

Signature:

10. Rector's statement:

- Submit application to Ministry of Education (in the case of professorial positions)

Application approved in acc. with
§ 3 (6) *Übertragungserlass*

- Personal BM M-V (Assignment
Order for Staff-Related Matters
within Ministry of Education's area
of responsibility

Date, Signature

Please forward to the following
address for further processing:
Universität Greifswald
Ref. 2.4 Controlling und Statistik
Wollweberstraße 1
17489 Greifswald