



**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?		<input type="radio"/> Yes	<input type="radio"/> No
6. Have you already been granted a reduction in the number of teaching hours? <input type="radio"/> No <input type="radio"/> 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:

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8.2. Head of Institute/Department:

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8.3. Dean:

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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

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Date, Signature

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