**Application and payment form 08LMUMentoring**

Click here to enter text

**Name, First name (Mentee)**

 - Click here to enter text

**Faculty Address (Mentee)**

Click here Click here Click here

**Bank account number Bank code Name of bank**

Click here Click here

**IBAN BIC**

(not necessary when applying for auxiliary staff and if the invoice is to be paid directly to the invoicing party)

**I hereby apply as a mentee within the framework ofLMUMentoring:**
[ ]  auxiliary staff (enclose justification)

[ ]  student assistant for - months and - SWS

[ ]  other academic assistand with BA degree for - months and - SWS

[ ]  academic assistant with Master-/ Magister’s degree for - months and - SWS

[ ]  Start-up funding in the amount of 0,00 € (enclose project plan).

[ ]  International Short Visits: a grant - 0,00 € for a stay of - weeks (enclose project plan and invitation from host institute).

[ ]  Conference costs for Click here to enter text

In the amount of: 0,00 €
(After approval of the travel allowance, a business trip application without reimbursement of costs must be submitted)

[ ]  Childcare allowance in the amount of 0,00 €

[ ]  Other: Fund for Click here to enter text in the amount of 0,00 €

Click here to enter text

Date Signature Mentee